

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 12 01 2009 through 12 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 01 31 2010

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 |
| 1 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| 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 | 21863.52 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 1910.00 | 111677.49 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 23773.52 | 124124.15 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 17375.15 | 117725.78 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 6398.37 | 6398.37 | | | | | | | | |
| 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 735.00 | 47662.00 |
| (ii) Unitemized | 1175.00 | 53305.49 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 1910.00 | 100967.49 |
| (b) Political Party Committees | 0.00 | 3360.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 7150.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 1910.00 | 111477.49 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 200.00 |
| 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)) | 1910.00 | 111677.49 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 1910.00 | 111677.49 |

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..... | 17350.15 | 111695.90 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 17350.15 | 111695.90 |
| 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 | 25.00 | 225.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 2500.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 25.00 | 2725.00 |
| 29. Other Disbursements..... | 0.00 | 250.00 |
| 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)).. | 17375.15 | 117725.78 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17375.15 | 117725.78 |

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) | 1910.00 | 111477.49 |
| 34. Total Contribution Refunds (from Line 28(d)) | 25.00 | 2725.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 1885.00 | 108752.49 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 17350.15 | 111695.90 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 17350.15 | 111695.90 |

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)
James J. Baldrighi

Mailing Address 8538 Bauer Circle

City Springfield State VA Zip Code 22152

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

Name of Employer Netcentric Enterprise Solution Occupation Information Assurance Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11AI.12472

Amount of Each Receipt this Period 50.00

contribution

B.

Full Name (Last, First, Middle Initial)
Paula L Bedner

Mailing Address 2519 Fallon Dr

City Herndon State VA Zip Code 20171

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11AI.12475

Amount of Each Receipt this Period 25.00

contribution

C.

Full Name (Last, First, Middle Initial)
Robert B. Bell

Mailing Address 7701 Carrleigh Parkway

City Springfield State VA Zip Code 22152

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 ▼ 295.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11AI.12480

Amount of Each Receipt this Period 25.00

contribution

SUBTOTAL of Receipts This Page (optional) 100.00

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)
William G Cinnamond

Mailing Address 11201 Wedge Dr

City Reston State VA Zip Code 20190

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 ▼ 220.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11AI.12469

Amount of Each Receipt this Period 100.00

contribution

B.

Full Name (Last, First, Middle Initial)
Barbara J Comstock

Mailing Address 6822 Wemberly Way

City Mclean State VA Zip Code 22101

FEC ID number of contributing federal political committee. C

Name of Employer Corallo Comstock Occupation Lobbyist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11AI.12457

Amount of Each Receipt this Period 100.00

contribution

C.

Full Name (Last, First, Middle Initial)
Margaret C Emery

Mailing Address 6326 Wilmington Dr

City Burke State VA Zip Code 22015

FEC ID number of contributing federal political committee. C

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY
12 / 15 / 2009

Transaction ID: SA11AI.12473

Amount of Each Receipt this Period 50.00

contribution

SUBTOTAL of Receipts This Page (optional) 250.00

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)

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) William A Fleming</p> <p>Mailing Address 6578 Skylemar Trail</p> <p>City State Zip Code Centreville VA 20121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fairfax County Govt Administrative Asst.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 215.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2009</p> <p>Transaction ID: SA11AI.12470</p> <p>Amount of Each Receipt this Period 20.00</p> <p>contribution</p> |
|---|--|

| | |
|---|--|
| <p>B. Full Name (Last, First, Middle Initial) William A Fleming</p> <p>Mailing Address 6578 Skylemar Trail</p> <p>City State Zip Code Centreville VA 20121</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Fairfax County Govt Administrative Asst.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2009</p> <p>Transaction ID: SA11AI.12488</p> <p>Amount of Each Receipt this Period 15.00</p> <p>contribution</p> |
|---|--|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Robert E Hicks</p> <p>Mailing Address 9186 Lake Braddock Dr</p> <p>City State Zip Code Burke VA 22015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Whitney Bradley & Brown Consultant</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 M M / D D / Y Y Y Y 12 / 15 / 2009</p> <p>Transaction ID: SA11AI.12479</p> <p>Amount of Each Receipt this Period 250.00</p> <p>contribution</p> |
|--|---|

| | |
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| SUBTOTAL of Receipts This Page (optional) | 285.00 |
| 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 / 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) Robert A. Magruder | Date of Receipt MM / DD / YYYY 12 / 14 / 2009 |
| | Mailing Address 2615 Steeplechase Drive | Transaction ID: SA11AI.12458 |
| | City State Zip Code Reston VA 20191 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | contribution |
| | Name of Employer IDA Occupation Adjunct Staff | |
| 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) Anders Warga | Date of Receipt MM / DD / YYYY 12 / 15 / 2009 |
| | Mailing Address 8706 Old Courthouse Rd | Transaction ID: SA11AI.12467 |
| | City State Zip Code Vienna VA 22182 | Amount of Each Receipt this Period 50.00 |
| | 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 ▼ 310.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 100.00 |
| TOTAL This Period (last page this line number only) | 735.00 |

**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 10 / 21

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) 7-11 Stores | Transaction ID: SB21B.12532 Date of Disbursement 12 / 01 / 2009 |
| | Mailing Address 2711 N Haskell Ave | Amount of Each Disbursement this Period 47.22 |
| | City Dallas State TX Zip Code 75204 | |
| | Purpose of Disbursement sodas for volunteers 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) American Express | Transaction ID: SB21B.12547 Date of Disbursement 12 / 07 / 2009 |
| | Mailing Address PO Box 1279 | Amount of Each Disbursement this Period 6032.57 |
| | City Newark State NJ Zip Code 07101 | |
| | Purpose of Disbursement see memo items 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) American Express | Transaction ID: SB21B.12550 Date of Disbursement 12 / 14 / 2009 |
| | Mailing Address PO Box 1279 | Amount of Each Disbursement this Period 1.16 |
| | City Newark State NJ Zip Code 07101 | |
| | Purpose of Disbursement bank service charge Candidate Name | 003 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

6033.73

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) Authorize.net | Transaction ID: SB21B.12546 Date of Disbursement |
| | Mailing Address 808 East Utah Valley Drive | <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
| | City American Fork State UT Zip Code 84003 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement bank service fee Candidate Name | <input type="text" value="20.05"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type <input type="text" value="003"/> |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Capitol Office Solutions | Transaction ID: SB21B.12571 Date of Disbursement |
| | Mailing Address 12301 Kiln Ct | <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City Beltsville State MD Zip Code 20705 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement copier service lease Candidate Name | <input type="text" value="220.12"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type <input type="text" value="001"/> |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) City of Fairfax | Transaction ID: SB21B.12572 Date of Disbursement |
| | Mailing Address University Dr | <input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/> |
| | City Fairfax State VA Zip Code 22035 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement property tax Candidate Name | <input type="text" value="101.36"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type <input type="text" value="001"/> |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="341.53"/> |
| 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)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) City of Fairfax Mailing Address University Dr City Fairfax State VA Zip Code 22035 Purpose of Disbursement property tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.12573 Date of Disbursement 12 / 15 / 2009 |
| | Amount of Each Disbursement this Period 1416.96 |
| | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--|
| B. Full Name (Last, First, Middle Initial) Constant Contact Mailing Address 1601 Trapelo Road #329 City Waltham State MA Zip Code 02451 Purpose of Disbursement subscription - pd on Amex Card Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.12522 Date of Disbursement 12 / 01 / 2009 |
| | Amount of Each Disbursement this Period 48.50 |
| | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) Cox Communications Inc Mailing Address 4246 Chain Bridge Rd City Fairfax State VA Zip Code 22033 Purpose of Disbursement telephone/internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.12579 Date of Disbursement 12 / 29 / 2009 |
| | Amount of Each Disbursement this Period 314.74 |
| | Category/Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1731.70

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) Dominion Virginia Power | Transaction ID: SB21B.12545 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 26543 | <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>1</td><td>2</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 | 1 | 2 | | 0 | 1 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Richmond State VA Zip Code 23290 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement utility | <table border="1"><tr><td>48.80</td></tr></table> | 48.80 | | | | | | | | | | | | | | | | | | |
| 48.80 | | | | | | | | | | | | | | | | | | | | | |
| | 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 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dominion Virginia Power | Transaction ID: SB21B.12548 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 26543 | <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>1</td><td>2</td><td></td><td>0</td><td>8</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 | 1 | 2 | | 0 | 8 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Richmond State VA Zip Code 23290 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement utility payment | <table border="1"><tr><td>48.80</td></tr></table> | 48.80 | | | | | | | | | | | | | | | | | | |
| 48.80 | | | | | | | | | | | | | | | | | | | | | |
| | 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 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dominion Virginia Power | Transaction ID: SB21B.12551 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 26543 | <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>1</td><td>2</td><td></td><td>1</td><td>4</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 | 1 | 2 | | 1 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Richmond State VA Zip Code 23290 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement utility | <table border="1"><tr><td>70.64</td></tr></table> | 70.64 | | | | | | | | | | | | | | | | | | |
| 70.64 | | | | | | | | | | | | | | | | | | | | | |
| | 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 | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | |

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|--|--|--------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>168.24</td></tr></table> | 168.24 |
| 168.24 | | |
| 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)

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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) Executive Press | Transaction ID: SB21B.12570 Date of Disbursement |
| | Mailing Address Main Street | <input type="text" value="12"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Fairfax State VA Zip Code 22030 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement printing - state/local election related | <input type="text" value="5000.00"/> |
| | 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) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Fairfax County Public Schools | Transaction ID: SB21B.12574 Date of Disbursement |
| | Mailing Address 8115 Gatehouse Road | <input type="text" value="12"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Falls Church State VA Zip Code 22042 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement room rental | <input type="text" value="64.00"/> |
| | 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) ▼ |

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Fairfax Professional Village | Transaction ID: SB21B.12541 Date of Disbursement |
| | Mailing Address 4240 Chain Bridge Road | <input type="text" value="12"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
| | City Fairfax State VA Zip Code 22030 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement condo fee | <input type="text" value="600.27"/> |
| | 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) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="5664.27"/> |
| 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) Fairfax Professional Village | Transaction ID: SB21B.12544 Date of Disbursement |
| | Mailing Address 4240 Chain Bridge Road | <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
| | City Fairfax State VA Zip Code 22030 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement condo fee | <input type="text" value="192.27"/> |
| | Candidate Name | <input type="text" value="001"/> Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial) Google | Transaction ID: SB21B.12534 Date of Disbursement |
| | Mailing Address 1600 Amphitheatre Pkwy | <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
| | City Mountain View State CA Zip Code 94043 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement advertising - pd on Amex Card | <input type="text" value="48.55"/> |
| | Candidate Name | <input type="text" value="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]

| | | |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial) Guidestar USA Inc | Transaction ID: SB21B.12526 Date of Disbursement |
| | Mailing Address 4801 Courthouse St #220 | <input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2009"/> |
| | City Williamsburg State VA Zip Code 23188 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement subscription | <input type="text" value="100.00"/> |
| | 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]

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="192.27"/> |
| 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)

| | |
|---|---|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Marriott Hotel Inc</p> <p>Mailing Address 550 E Broad St</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement banquet room rental - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12527</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1937.20</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Marriott Hotel Inc</p> <p>Mailing Address 550 E Broad St</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement banquet room catering - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12528</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1700.00</p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Marriott Hotel Inc</p> <p>Mailing Address 550 E Broad St</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement hotel room - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12530</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 325.91</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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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)

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Marriott Hotel Inc</p> <p>Mailing Address 550 E Broad St</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement hotel room - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12531</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 577.58</p> <p>[MEMO ITEM]</p> |
| <p>B. Full Name (Last, First, Middle Initial) 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 - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12520</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 83.34</p> <p>[MEMO ITEM]</p> |
| <p>C. Full Name (Last, First, Middle Initial) 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 - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12523</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 160.62</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

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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)

| | |
|---|--|
| <p>A.</p> <p>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 food for volunteers - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12521</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 84.00</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>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 - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12537</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 60.86</p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) The Examiner Newspaper</p> <p>Mailing Address 6850 Versar Ctr # 300</p> <p>City Springfield State VA Zip Code 22150</p> <p>Purpose of Disbursement advertisement - pd on Amex Card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB21B.12524</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 347.44</p> <p>[MEMO ITEM]</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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) The Examiner Newspaper Mailing Address 6850 Versar Ctr # 300 City Springfield State VA Zip Code 22150 Purpose of Disbursement advertising - pd on Amex Card Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.12525 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 408.75 [MEMO ITEM] |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) To Your Taste Catering LLC Mailing Address 316 Tapawingo Rd City Vienna State VA Zip Code 22180 Purpose of Disbursement catering expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.12569 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 3037.50 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) Transfirst, LLC Mailing Address 3131 S Vaughn Way #350 City Aurora State CO Zip Code 80014 Purpose of Disbursement bank service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.12549 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9 |
| | Amount of Each Disbursement this Period 29.92 |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3067.42 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) USPS | Transaction ID: SB21B.12529 |
| | Mailing Address 10660 Page Street | Date of Disbursement MM / DD / YYYY 12 / 01 / 2009 |
| | City Fairfax State VA Zip Code 22030 | Amount of Each Disbursement this Period 39.60 |
| | Purpose of Disbursement postage - pd on Amex Card | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) USPS | Transaction ID: SB21B.12575 |
| | Mailing Address 10660 Page Street | Date of Disbursement MM / DD / YYYY 12 / 26 / 2009 |
| | City Fairfax State VA Zip Code 22030 | Amount of Each Disbursement this Period 88.00 |
| | Purpose of Disbursement postage | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Virgin Mobile USA | Transaction ID: SB21B.12538 |
| | Mailing Address 10 Independence Blvd | Date of Disbursement MM / DD / YYYY 12 / 01 / 2009 |
| | City Warren State NJ Zip Code 07059 | Amount of Each Disbursement this Period 60.86 |
| | Purpose of Disbursement cell phone service - pd on Amex Card | [MEMO ITEM] |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| | State: District: | |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 88.00 |
| 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 21 / 21

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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)
Virgin Mobile USA

Mailing Address 10 Independence Blvd

City Warren State NJ Zip Code 07059

Purpose of Disbursement
cell phone service - pd on Amex Card

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: SB21B.12540

Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

31.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

17287.16