

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

Moran for Congress

ADDRESS (number and street) 311 North Washington Street

Check if different than previously reported. (ACC) Suite 200L

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00241349

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

VA 08

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 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on 11 04 2008 in the State of VA

5. Covering Period 10 16 2008 through 11 24 2008

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 H. Robert Morrison

Signature of Treasurer Electronically Filed by H. Robert Morrison Date 12 04 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Moran for Congress

Report Covering the Period:

From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	66260.05	1257846.35
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	66260.05	1256446.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	68622.64	900961.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	19786.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68622.64	881175.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	580882.77	
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	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

**POST-ELECTION DETAILED
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Moran for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
25625.00	840335.00	0.00																																																
(ii) Unitemized																																																		
8170.00	18156.03	100.00																																																
(iii) Total of contributions from individuals																																																		
33795.00	756816.03	100.00																																																
(b) Political Party Committees																																																		
0.00	50.00	0.00																																																
(c) Other Political Committees																																																		
32465.05	500980.32	0.00																																																

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
66260.05	1257846.35	100.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	19786.09	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
254.94	7261.12	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
66514.99	1284893.56	100.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Moran for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
17. OPERATING EXPENDITURES		
68622.64	900961.64	9876.41
18. TRANSFER TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN PAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	1400.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))

0.00	1400.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

7100.00	267905.00	0.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

75722.64	1170266.64	9876.41
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

66260.05	1256446.35	100.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

68622.64	881175.55	9876.41
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD	590090.42
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	66514.99
25. SUBTOTAL(add Line 23 and Line 24)	656605.41
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	75722.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	580882.77

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 7 / 55
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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)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Jean R. Abinader	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 5603 Chesterbrook Road	Transaction ID: C24467
	City State Zip Code Bethesda MD 20816-1301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Moroccan American Center Occupation Association Executive Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Nihad Hilmi Aburish	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 4620 Arlington Blvd	Transaction ID: C24466
	City State Zip Code Arlington VA 22204-1341	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Homemaker Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00	

C.	Full Name (Last, First, Middle Initial) Nabil Asad	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address PO Box 7357	Transaction ID: C24395
	City State Zip Code Woodbridge VA 22196	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Subway of Stafford Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) John Bowerbank</p> <p>Mailing Address PO Box 40</p> <p>City State Zip Code Cedar Bluff VA 24609</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation VA Board of Supervisors Member</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8</p> <p>Transaction ID: C24425</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>B. Full Name (Last, First, Middle Initial) Marvin A. Champion</p> <p>Mailing Address 1600 S. Eads St. No. 836-N</p> <p>City State Zip Code Arlington VA 22202</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation n/a Retired</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8</p> <p>Transaction ID: C24468</p> <p>Amount of Each Receipt this Period 200.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Rose C. Chu</p> <p>Mailing Address 3757 Madison Ln</p> <p>City State Zip Code Falls Church VA 22041-3646</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation US Dept. of Health & Human Svcs Program Analyst</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8</p> <p>Transaction ID: C24382</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Gwendolyn Clark</p> <p>Mailing Address 307 Yoakum Parkway, #711</p> <p>City State Zip Code Alexandria VA 22304</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Department of HHS Occupation Public Health Senior Advisor</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <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>0</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: C24503</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	1	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	3	1	/	2	0	0	8												

<p>B. Full Name (Last, First, Middle Initial) Kahan S. Dhillon, Jr.</p> <p>Mailing Address 3208 Spring Drive</p> <p>City State Zip Code Alexandria VA 22306</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Regent Company Occupation Managing Partner</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <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>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: C24416</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	3	0	/	2	0	0	8												

<p>C. Full Name (Last, First, Middle Initial) Jeff B. Franzen</p> <p>Mailing Address 867 Alvermar Ridge Dr</p> <p>City State Zip Code McLean VA 22102-1438</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Lincoln Property Company Occupation Executive</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <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>0</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: C24373</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	2	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	2	2	/	2	0	0	8												

SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Ali Ghaderi

Mailing Address 9525 Parsonage Lane

City Lorton State VA Zip Code 22079-2776

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

Name of Employer A Best Auto Glass Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 04 / 2008

Transaction ID: C24490

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thomas Wm. Gittins, Jr.

Mailing Address 6834 Woodland Dr

City Falls Church State VA Zip Code 22046-2324

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

Name of Employer Gittins & Associates, Inc. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2008

Transaction ID: C24399

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Michael G. Griffin

Mailing Address 1100 H Street, #910

City Washington State DC Zip Code 20005

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

Name of Employer General Dynamics Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt 10 / 31 / 2008

Transaction ID: C24420

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Gerald Thomas Halpin

Mailing Address 1600 Anderson Rd

City State Zip Code
McLean VA 22102-1607

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

Name of Employer Occupation
West Group Executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
2300.00

Transaction ID: C24393

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
M. David Hawa

Mailing Address 3307 Garland Drive

City State Zip Code
Falls Church VA 22041

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

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
200.00

Transaction ID: C24384

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Robert K. Huffman

Mailing Address 1113 Waverly Way

City State Zip Code
McLean VA 22101-2239

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

Name of Employer Occupation
Akin Gump Strauss Hauer & Feld Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
1000.00

Transaction ID: C24377

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 55
(check only one)

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

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)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Hassan Ahmed Ibrahim		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
	Mailing Address 14412 Rockymount Ct.		Transaction ID: C24372
	City State Zip Code Centreville VA 22020-3425	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	Name of Employer International Islamic University Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Professor of History Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) Omar M. Kader		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 10301 Dunfries Rd		Transaction ID: C24374
	City State Zip Code Vienna VA 22181-4002	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
	Name of Employer Pal-Tech, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Business Owner Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Nada N. Kiblawi		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 4109 40th PI N		Transaction ID: C24394
	City State Zip Code Arlington VA 22207-4807	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00
	Name of Employer Truland Systems Co. Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 2300.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) Marina Goorman Kim		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 1952 Gallows Rd. Suite 310		Transaction ID: C24379
City Vienna	State VA	Zip Code 22182-3823
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Asian Marketing	Occupation Advertising	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Ikram U. Koreshi		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 44391 Apache Cir.		Transaction ID: C24380
City Ashburn	State VA	Zip Code 20147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NetHost, Inc.	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Peter H. Lawson		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
Mailing Address 3648 Gunston Rd		Transaction ID: C24493
City Alexandria	State VA	Zip Code 22302-2006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer US Chamber of Commerce	Occupation Director, Government Affairs	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 55
(check only one)

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

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)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) Arash Naderi		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 4 Clarks Branch Road		Transaction ID: C24432
City Great Falls	State VA	Zip Code 22066-4157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Sunset Pool, Inc.	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

B.

Full Name (Last, First, Middle Initial) Binh T. Nguyen		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 8857 Merecourt Ln.		Transaction ID: C24386
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Walter Reed Army Hospital	Occupation Physician	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Hung Q. Nguyen		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 13300 Hollinger Ave.		Transaction ID: C24381
City Fairfax	State VA	Zip Code 22033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UTA	Occupation Writer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Brian O'Connor

Mailing Address 305 Timber Ln

City Falls Church State VA Zip Code 22046-3916

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: C24406

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Dennis D. Oklak

Mailing Address 620 Alverna Drive

City Indianapolis State IN Zip Code 46260

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

Name of Employer Duke Realty Corporation Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: C24375

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Constantine Papavizas

Mailing Address 4852 N. 33rd Road

City Arlington State VA Zip Code 22207-2802

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

Name of Employer Dyer Ellis Joseph & Mills Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C24506

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 55
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) Sabri Saddi		Date of Receipt MM / DD / YYYY 10 / 21 / 2008
Mailing Address 600 Roosevelt Blvd. No. 602		Transaction ID: C24371
City Falls Church	State VA	
Zip Code 22044		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) William F. Schulz		Date of Receipt MM / DD / YYYY 10 / 31 / 2008
Mailing Address 25 Old Nugent Farm Road		Transaction ID: C24418
City Gloucester	State MA	
Zip Code 01930		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Saba M. Shami		Date of Receipt MM / DD / YYYY 11 / 04 / 2008
Mailing Address 3500 Bitter Sweet Rd.		Transaction ID: C24489
City Richmond	State VA	
Zip Code 23235		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Saba Shami Corp.	Occupation CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
William Soza

Mailing Address 1295 Ballantrae Farm Dr

City McLean State VA Zip Code 22101-3027

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

Name of Employer n/a Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 28 / 2008

Transaction ID: C24414

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Ali & Partners

Mailing Address 8180 Greensboro Dr. Suite 775

City McLean State VA Zip Code 22102-4916

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2008

Transaction ID: C24368

Amount of Each Receipt this Period 300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

PARTNERSHIP--partners below if itemized

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	25625.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: C24361
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: C24360
 Amount of Each Receipt this Period: 4000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15th St. NW
Suite 802

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 10 / 17 / 2008
Transaction ID: C24359
 Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C24495

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC

Mailing Address 1575 I Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Transaction ID: C24357

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
AMERICANS FOR THE ARTS ACTION FUND PAC

Mailing Address 1000 Vermont Avenue NW 6th Floor
6th Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00410126

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Transaction ID: C24496

Amount of Each Receipt this Period

500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Assn of Prof Flight Attendants PAC
Mailing Address 1004 W. Euless Blvd.
City Euless State TX Zip Code 76040
FEC ID number of contributing federal political committee. **C** C00246421
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 500.00
Date of Receipt: 10 / 22 / 2008
Transaction ID: C24471
Amount of Each Receipt this Period: 500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE
Mailing Address 501 Third Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00002089
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 10 / 29 / 2008
Transaction ID: C24397
Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION
Mailing Address 8400 Westpark Drive
City McLean State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C** C00040998
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 10 / 28 / 2008
Transaction ID: C24378
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 22 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)
 Mailing Address 2941 Fairview Park Dr.
Suite 100
 City Falls Church State VA Zip Code 22042
 FEC ID number of contributing federal political committee. **C** C00078451
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 10000.00
 Date of Receipt: 10 / 29 / 2008
Transaction ID: C24396
 Amount of Each Receipt this Period: 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC
 Mailing Address 1640 Rhode Island Avenue NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00235853
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4196.58
 Date of Receipt: 10 / 27 / 2008
Transaction ID: C24473
 Amount of Each Receipt this Period: 25.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 * In-Kind: website advocacy

C. Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC
 Mailing Address 1640 Rhode Island Avenue NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C** C00235853
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4196.58
 Date of Receipt: 11 / 03 / 2008
Transaction ID: C24509
 Amount of Each Receipt this Period: 2171.58
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
 * In-Kind: Staff time and travel expenses

SUBTOTAL of Receipts This Page (optional) ► 3696.58
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 23 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS, INC. POLITICAL ACTION COMMITTEE

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 8

Mailing Address 1875 I Street, NW
Suite 600

City State Zip Code
Washington DC 20006

Transaction ID: C24358

Amount of Each Receipt this Period
5000.00

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Mailing Address 1201 16th St NW Ste 420

City State Zip Code
Washington DC 20036

Transaction ID: C24497

Amount of Each Receipt this Period
3000.00

FEC ID number of contributing federal political committee. **C** C00003251

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
POKER PLAYERS ALLIANCE POLITICAL ACTION COMMITTEE

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 8

Mailing Address 1325 G Street NW Suite 500

City State Zip Code
Washington DC 20005

Transaction ID: C24501

Amount of Each Receipt this Period
18.47

FEC ID number of contributing federal political committee. **C** C00448688

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
18.47

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

* In-Kind: e-mailing

SUBTOTAL of Receipts This Page (optional) ► **8018.47**

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

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

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

FOR LINE NUMBER: PAGE 24 / 55
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS
 Mailing Address 317 Massachusetts Avenue NE
1st Floor
 City Washington State DC Zip Code 20002
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 8
 Transaction ID: C24417
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. C C00343137
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 7500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
UNITED AIRLINES POLITICAL ACTION COMMITTEE
 Mailing Address PO Box 66100 - Fin.Reporting WHQAJ
ATTN: Financial Reporting-WHQAJ
 City Chicago State IL Zip Code 60666
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8
 Transaction ID: C24376
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C C00078261
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
VETERANS OF FOREIGN WARS POLITICAL ACTION COMMITTEE
 Mailing Address 200 MARYLAND AVENUE, NE SUITE 506
 City WASHINGTON State DC Zip Code 20002
 Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 8
 Transaction ID: C24367
 Amount of Each Receipt this Period 1300.00
 FEC ID number of contributing federal political committee. C C00113001
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 55
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
VSS&P FEDPAC

Mailing Address 52 E. Gay Street
P.O. Box 1008

City Columbus State OH Zip Code 43216

FEC ID number of contributing federal political committee. **C** C00220764

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
950.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

Transaction ID: C24419

Amount of Each Receipt this Period
950.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	32465.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 55	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) Virginia Commerce Bank		Date of Receipt
Mailing Address 5350 Lee Hwy		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
City	State	Zip Code
Arlington	VA	22207-1608
FEC ID number of contributing federal political committee.		Transaction ID: C24502
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="254.94"/>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	* Interest income
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="6261.12"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="254.94"/>
TOTAL This Period (last page this line number only)	<input type="text" value="254.94"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Airgas East

Mailing Address 17 Northwestern Dr

City Salem State NH Zip Code 03079-4809

Purpose of Disbursement
Helium for balloons

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8435
Date of Disbursement

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

Amount of Each Disbursement this Period

18.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Alexandria Toyota

Mailing Address 1707 Mount Vernon Ave

City Alexandria State VA Zip Code 22301-1721

Purpose of Disbursement
Car lease

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8364
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	8

Amount of Each Disbursement this Period

1375.96

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

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

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Merchant fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8366
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	8

Amount of Each Disbursement this Period

96.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

1491.17

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Animal Welfare League of Alexandria</p> <p>Mailing Address 4101 Eisenhower Ave</p> <p>City Alexandria State VA Zip Code 22304</p> <p>Purpose of Disbursement Event sponsor</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8436 Date of Disbursement 11 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 1200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 536216</p> <p>City Atlanta State GA Zip Code 30353-6216</p> <p>Purpose of Disbursement Telephone expense</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8369 Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 150.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) AT&T Mobility</p> <p>Mailing Address PO Box 536216</p> <p>City Atlanta State GA Zip Code 30353-6216</p> <p>Purpose of Disbursement Telephone expense</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8368 Date of Disbursement 11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 339.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1690.03

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D8446 Date of Disbursement 11 / 24 / 2008
	Mailing Address PO Box 536216	Amount of Each Disbursement this Period 155.34
	City Atlanta State GA Zip Code 30353-6216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LuAnn L. Bennett	Transaction ID: D8404 Date of Disbursement 10 / 21 / 2008
	Mailing Address 175 Chain Bridge Rd	Amount of Each Disbursement this Period 700.00
	City Mc Lean State VA Zip Code 22101-1907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising/gratuities for wait staff Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Carefirst Blue Cross/Blue Shield	Transaction ID: D8377 Date of Disbursement 10 / 21 / 2008
	Mailing Address PO Box 79749	Amount of Each Disbursement this Period 412.67
	City Baltimore State MD Zip Code 21279-0749	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Employee health insurance Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1268.01
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Carefirst Blue Cross/Blue Shield <hr/> Mailing Address PO Box 79749 <hr/> City Baltimore State MD Zip Code 21279-0749 <hr/> Purpose of Disbursement Employee health insurance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8437 Date of Disbursement 11 / 20 / 2008 <hr/> Amount of Each Disbursement this Period 412.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Comcast <hr/> Mailing Address PO Box 827554 <hr/> City Philadelphia State PA Zip Code 19182-7554 <hr/> Purpose of Disbursement Cable Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8381 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 99.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Comcast <hr/> Mailing Address PO Box 827554 <hr/> City Philadelphia State PA Zip Code 19182-7554 <hr/> Purpose of Disbursement Cable Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8468 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 99.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

612.57

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Connection Newspapers</p> <p>Mailing Address 7193 Westpark</p> <p>City McLean State VA Zip Code 22102</p> <p>Purpose of Disbursement Advertisements</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8382</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="532.68"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) D & P Printing & Graphics, Inc.</p> <p>Mailing Address 5641-I General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8383</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8719.20"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) D & P Printing & Graphics, Inc.</p> <p>Mailing Address 5641-I General Washington Drive</p> <p>City Alexandria State VA Zip Code 22312</p> <p>Purpose of Disbursement Printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8385</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="483.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
D & P Printing & Graphics, Inc.

Mailing Address 5641-I General Washington Drive

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
Printing expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8384

Date of Disbursement

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

Amount of Each Disbursement this Period

1486.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
D & P Printing & Graphics, Inc.

Mailing Address 5641-I General Washington Drive

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
Printing expense

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: D8438

Date of Disbursement

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

Amount of Each Disbursement this Period

547.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Joseph Easton

Mailing Address 4400 Lee Highway #207

City Arlington State VA Zip Code 22207

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8402

Date of Disbursement

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

Amount of Each Disbursement this Period

2554.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

4588.77

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) First Data <hr/> Mailing Address PO Box 5180 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Merchant fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8393 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 32.95
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) First Data <hr/> Mailing Address PO Box 5180 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Merchant fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8394 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 199.33
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) First Data <hr/> Mailing Address PO Box 5180 <hr/> City Simi Valley State CA Zip Code 93062 <hr/> Purpose of Disbursement Merchant fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8439 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2.85
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	235.13
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Mark Heintz

Mailing Address 6433 Burwell St

City Springfield State VA Zip Code 22150-1215

Purpose of Disbursement
Accounting services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8406
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

728.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
website advocacy

Candidate Name
HUMAN RIGHTS CAMPAIGN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8358
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* in-kind received

C.

Full Name (Last, First, Middle Initial)
HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Staff time and travel expenses

Candidate Name
HUMAN RIGHTS CAMPAIGN PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8473
Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

2171.58

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

* in-kind received

SUBTOTAL of Disbursements This Page (optional)

2924.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Amy Lewis</p> <p>Mailing Address 850 N. Randolph Street Apt. 1403</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Fundraising consulting 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8367</p> <p>Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Mack Crouse Group</p> <p>Mailing Address 2001 N. Beauregard Street Suite 42</p> <p>City Alexandria State VA Zip Code 22311</p> <p>Purpose of Disbursement Printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8405</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 7000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Hannah B. Margetich</p> <p>Mailing Address 800 S Saint Asaph St Apt 301</p> <p>City Alexandria State VA Zip Code 22314-4361</p> <p>Purpose of Disbursement Salary</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8396</p> <p>Date of Disbursement 11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2438.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11538.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Hannah B. Margetich

Transaction ID: D8469
Date of Disbursement

Mailing Address 800 S Saint Asaph St
Apt 301

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

City Alexandria State VA Zip Code 22314-4361

Amount of Each Disbursement this Period

92.12

Purpose of Disbursement
Office supplies

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Clare McIntyre

Transaction ID: D8379
Date of Disbursement

Mailing Address 6022 Morgan Court

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

City Alexandria State VA Zip Code 22312

Amount of Each Disbursement this Period

2700.00

Purpose of Disbursement
Fundraising consulting fee

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Beatriz J. Melgar

Transaction ID: D8400
Date of Disbursement

Mailing Address 800 S Saint Asaph St
Apt 303

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	8

City Alexandria State VA Zip Code 22314-4361

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Fundraising consulting fee

Category/ Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3792.12

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Beatriz J. Melgar

Mailing Address 800 S Saint Asaph St
Apt 303

City Alexandria State VA Zip Code 22314-4361

Purpose of Disbursement
Fundraising consulting fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8401
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Mount Vernon Voice

Mailing Address PO Box 15572

City Alexandria State VA Zip Code 22309-0572

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8411
Date of Disbursement

10 / 30 / 2008

Amount of Each Disbursement this Period

475.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Olivera Musical Entertainment

Mailing Address 42960 Deer Chase Pl

City Ashburn State VA Zip Code 20147-4005

Purpose of Disbursement
Fundraising/pianist

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8413
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address PO Box 2518 <hr/> City Alexandria State VA Zip Code 22301-0518 <hr/> Purpose of Disbursement Office parking, etc. Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D8419 Date of Disbursement 10 / 28 / 2008 <hr/> Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Quill Corporation <hr/> Mailing Address PO Box 94081 <hr/> City Palatine State IL Zip Code 60094 <hr/> Purpose of Disbursement Office supplies Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D8470 Date of Disbursement 11 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 232.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Amanda Ruff <hr/> Mailing Address 2905 Holly Street <hr/> City Alexandria State VA Zip Code 22305 <hr/> Purpose of Disbursement Administrative consulting fee Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D8444 Date of Disbursement 11 / 24 / 2008 <hr/> Amount of Each Disbursement this Period 264.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

596.54

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Bryan Spoon

Transaction ID: D8371
Date of Disbursement

Mailing Address 2701 Connecticut Ave NW
Apt 104

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

City Washington State DC Zip Code 20008-5301

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Campaign management consulting fee

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Town & Country Properties, Inc.

Transaction ID: D8471
Date of Disbursement

Mailing Address 7901 Richmond Hwy

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

City Alexandria State VA Zip Code 22306-3013

Amount of Each Disbursement this Period

2600.00

Purpose of Disbursement
Office rent

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Toyota Financial Services Corp.

Transaction ID: D8424
Date of Disbursement

Mailing Address PO Box 9490

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

City Cedar Rapids State IA Zip Code 52409-9490

Amount of Each Disbursement this Period

784.15

Purpose of Disbursement
Leased car property tax

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

8384.15

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Toyota Financial Services Corp.

Mailing Address PO Box 9490

City Cedar Rapids State IA Zip Code 52409-9490

Purpose of Disbursement
Car lease

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8472

Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

786.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Toyota Motor Credit Co.

Mailing Address PO Box 221164

City Fairfax State VA Zip Code 20153-1164

Purpose of Disbursement
Car lease

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8425

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

786.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 1908 Mount Vernon Ave

City Alexandria State VA Zip Code 22301-1300

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8426

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

3732.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5304.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D8427 Date of Disbursement 10 / 23 / 2008
	Mailing Address PO Box 27783	Amount of Each Disbursement this Period 234.74
	City Richmond State VA Zip Code 23261-7783	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D8440 Date of Disbursement 11 / 18 / 2008
	Mailing Address PO Box 27783	Amount of Each Disbursement this Period 188.66
	City Richmond State VA Zip Code 23261-7783	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank	Transaction ID: D8428 Date of Disbursement 10 / 16 / 2008
	Mailing Address 5350 Lee Hwy	Amount of Each Disbursement this Period 174.70
	City Arlington State VA Zip Code 22207-1608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Merchant fees Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	598.10
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8430 Date of Disbursement 10 / 28 / 2008 Amount of Each Disbursement this Period 54.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8429 Date of Disbursement 11 / 01 / 2008 Amount of Each Disbursement this Period 2154.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Merchant fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8441 Date of Disbursement 11 / 05 / 2008 Amount of Each Disbursement this Period 41.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2250.44

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank	Transaction ID: D8442 Date of Disbursement 11 / 20 / 2008
	Mailing Address 5350 Lee Hwy	Amount of Each Disbursement this Period 5.00
	City Arlington State VA Zip Code 22207-1608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Service fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Virginia Department of Taxation	Transaction ID: D8431 Date of Disbursement 11 / 01 / 2008
	Mailing Address PO Box 27264	Amount of Each Disbursement this Period 388.00
	City Richmond State VA Zip Code 23261-7264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Washington Express	Transaction ID: D8443 Date of Disbursement 11 / 18 / 2008
	Mailing Address 12240 Indian Creek Ct Ste 100	Amount of Each Disbursement this Period 152.23
	City Beltsville State MD Zip Code 20705-1242	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Courier Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	545.23
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) Washington Hispanic Mailing Address 2701 Ontario Road NW 2nd Floor City Washington State DC Zip Code 20009 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8433 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc. Mailing Address 315 Inspiration Ln City Gaithersburg State MD Zip Code 20878-5808 Purpose of Disbursement FEC Preparation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8434 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2062.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53609 City Phoenix State AZ Zip Code 85072-3609 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8365 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 4075.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	6887.98
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Busboys and Poets

Mailing Address 2751 S Stafford Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement Fundraising event catering

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8372
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

8.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Busboys and Poets

Mailing Address 2751 S Stafford Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement Fundraising event catering

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8373
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

2538.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

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

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8388
Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

27.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8389 Date of Disbursement 10 / 23 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 27.50
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8390 Date of Disbursement 10 / 23 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 35.62
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8391 Date of Disbursement 10 / 23 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 33.09
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) FedExKinkos	Transaction ID: D8392
	Mailing Address 685 N Washington St	Date of Disbursement 10 / 23 / 2008
	City Alexandria State VA Zip Code 22314-1913	Amount of Each Disbursement this Period 328.66
	Purpose of Disbursement Printing expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Morton's of Arlington	Transaction ID: D8410
	Mailing Address 1631 Crystal Square	Date of Disbursement 10 / 23 / 2008
	City Arlington State VA Zip Code 22202	Amount of Each Disbursement this Period 307.69
	Purpose of Disbursement Meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Restaurant Eve	Transaction ID: D8420
	Mailing Address 110 S Pitt St	Date of Disbursement 10 / 23 / 2008
	City Alexandria State VA Zip Code 22314-3126	Amount of Each Disbursement this Period 94.30
	Purpose of Disbursement Meal	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Vonage

Mailing Address 23 Main Street

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
Telephone expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8432
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Amount of Each Disbursement this Period

643.69

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Business Card

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement
Credit card (see below)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8375
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

1328.01

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Barnes & Noble

Mailing Address 3651 Jefferson Davis Hwy

City Alexandria State VA Zip Code 22305-3135

Purpose of Disbursement
Political reference materials

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8370
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

305.82

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1328.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Business Card	Transaction ID: D8374 Date of Disbursement
	Mailing Address PO Box 15710	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Wilmington State DE Zip Code 19886-5710	Amount of Each Disbursement this Period
	Purpose of Disbursement Fee	<input type="text" value="28.79"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Cherrydale Liberty	Transaction ID: D8378 Date of Disbursement
	Mailing Address 4019 Lee Highway	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Arlington State VA Zip Code 22207	Amount of Each Disbursement this Period
	Purpose of Disbursement Gas	<input type="text" value="53.28"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Clydes of Mark Center	Transaction ID: D8380 Date of Disbursement
	Mailing Address 1700 N. Beauregard Street	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Alexandria State VA Zip Code 22311	Amount of Each Disbursement this Period
	Purpose of Disbursement Meal	<input type="text" value="207.15"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Exxon Mobil

Mailing Address Various Stations

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8387
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

53.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Members Dining Room

Mailing Address US CAPITOL

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8409
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

142.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Royce Flowers

Mailing Address 2205 Mount Vernon Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8421
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount of Each Disbursement this Period

225.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Shell Oil

Transaction ID: D8422
Date of Disbursement

Mailing Address Various stations

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

City Arlington State VA Zip Code 22201

Amount of Each Disbursement this Period

48.00

Purpose of Disbursement

Travel/gas

--

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Business Card

Transaction ID: D8450
Date of Disbursement

Mailing Address PO Box 15710

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

City Wilmington State DE Zip Code 19886-5710

Amount of Each Disbursement this Period

3077.10

Purpose of Disbursement

Credit card (see below)

--

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Barnes & Noble

Transaction ID: D8447
Date of Disbursement

Mailing Address 3651 Jefferson Davis Hwy

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	8

City Alexandria State VA Zip Code 22305-3135

Amount of Each Disbursement this Period

64.08

Purpose of Disbursement

Political reference materials

--

Candidate Name

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3077.10

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) Barnes & Noble Mailing Address 3651 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305-3135 Purpose of Disbursement Political reference materials Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D8448 Date of Disbursement 11 / 24 / 2008 Amount of Each Disbursement this Period 242.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/ Type

B. Full Name (Last, First, Middle Initial) Business Card Mailing Address PO Box 15710 City Wilmington State DE Zip Code 19886-5710 Purpose of Disbursement Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D8451 Date of Disbursement 11 / 24 / 2008 Amount of Each Disbursement this Period 1.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/ Type

C. Full Name (Last, First, Middle Initial) Colonial Parking Mailing Address 101 Union Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D8452 Date of Disbursement 11 / 24 / 2008 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Exxon Mobil

Mailing Address Various Stations

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8453
Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

30.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Jackson 20 Restaurant

Mailing Address 480 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8457
Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

72.06

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Nam-Viet Restaurant

Mailing Address 1127 N Hudson St

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Fundraising/Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8458
Date of Disbursement

11 / 24 / 2008

Amount of Each Disbursement this Period

1644.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 55

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Olivera Musical Entertainment

Mailing Address 42960 Deer Chase Pl

City State Zip Code
Ashburn VA 20147-4005

Purpose of Disbursement
Fundraising/pianist

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8455

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		2	4		2	0	0	8

Amount of Each Disbursement this Period

428.79

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

68223.04

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF VIRGINIA

Mailing Address 1710 E Franklin Street

City RICHMOND State VA Zip Code 23223

Purpose of Disbursement
Unlimited transfer

Candidate Name
DEMOCRATIC PARTY OF VIRGINIA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8386

Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
MURTHA FOR CONGRESS COMMITTEE

Mailing Address Suite 120 551 Main Street
BT FINANCIAL PLAZA SUITE 220

City JOHNSTOWN State PA Zip Code 15901

Purpose of Disbursement
Contribution

Candidate Name
John P. Murtha

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 12

Transaction ID: D8412

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

7000.00