

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) Friends of Frank Wolf

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) P.O. Box 710235, Oak Hill, VA 20171

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER: C00166017; CITY, STATE, ZIP CODE, DISTRICT: VA 10

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)

(b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

(c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 01 2007 through 03 31 2007

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 Kamal Rahal

Signature of Treasurer Electronically Filed by Kamal Rahal Date 07 14 2007

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

Friends of Frank Wolf

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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)).....	93786.00	99706.00
(b) Total Contribution Refunds (from Line 20(d)).....	4200.00	4200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	89586.00	95506.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	56934.24	265921.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	2644.00	2644.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	54290.24	263277.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	68243.56	
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
Friends of Frank Wolf

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

69500.00

75025.00

(ii) Unitemized.....

21786.00

22181.00

(iii) TOTAL of contributions

91286.00

97206.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

2500.00

2500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

93786.00

99706.00

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

2644.00

2644.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

556.12

2894.03

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

96986.12

105244.03

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56934.24	265921.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2100.00	2100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2100.00	2100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4200.00	4200.00
21. OTHER DISBURSEMENTS.....	25000.00	28100.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	86134.24	298221.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	57391.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	96986.12
25. SUBTOTAL (add Line 23 and Line 24).....	154377.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86134.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	68243.56

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Joseph Allen

Mailing Address 137 Oak Ridge Lane

City Winchester State VA Zip Code 22601

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

Name of Employer Allen Properties Occupation Hotel/Restaurant Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32539

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Curtis Anderson

Mailing Address 2526 Heath Place

City Reston State VA Zip Code 20191

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

Name of Employer Ad Specialities Occupation Promotional Advertising

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 70415.C32777

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Steven Anderson

Mailing Address 915 Winstead Street

City Great Falls State VA Zip Code 22066

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

Name of Employer National Restaurant Assoc. Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: 70220.C32379

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Emily Atia

Mailing Address 321 Melrose Avenue

City State Zip Code
Kenilworth IL 60043

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

Name of Employer Occupation
Wilmette Real Estate Real Estate Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32736

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Mark Augenblick

Mailing Address 9525 Maidstone Road

City State Zip Code
Delaplane VA 20144

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

Name of Employer Occupation
Interstate Waste Technologies Businessman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32550

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Nga Barrett

Mailing Address 79 Hancock Place, N.E.

City State Zip Code
Leesburg VA 20176-3349

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

Name of Employer Occupation
Foot Solutions Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: 70220.C32382

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Roy Bostock

Mailing Address 7 S. Manursing Isle

City State Zip Code
Rye NY 10580-4309

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

Name of Employer Partnership/Drug Free America
Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2007

Transaction ID: 70415.C32460

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Childs Burden

Mailing Address Seven Springs
22857 Carters Farm Lane

City State Zip Code
Middleburg VA 20117

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

Name of Employer Self
Occupation Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32545

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Charlotte Callif

Mailing Address 9707 Middleton Ridge Road

City State Zip Code
Vienna VA 22182

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

Name of Employer
Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70415.C32419

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Charles Chiang

Mailing Address 632 Live Oak Drive

City State Zip Code
McLean VA 22101

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

Name of Employer Charlie Chiangs Restaurants Occupation Restaurateur

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 7

Transaction ID: 70220.C32347

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Harriett Condon

Mailing Address P.O. Box 7

City State Zip Code
Middleburg VA 20118

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

Name of Employer Self Occupation Historian

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 0 7

Transaction ID: 70415.C32514

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Sandra Crippen

Mailing Address 11395 Seneca View Way

City State Zip Code
Great Falls VA 22066

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

Name of Employer Potomac Recycling Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: 70220.C32380

Amount of Each Receipt this Period
500.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Stephen Cumbie

Mailing Address 8230 Leesburg Pike
Suite 500

City Vienna State VA Zip Code 22182

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

Name of Employer NV Commercial Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2007

Transaction ID: 70415.C32700

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Sidney Dewberry

Mailing Address 8401 Arlington Blvd.

City Fairfax State VA Zip Code 22031

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

Name of Employer The Dewberry Companies Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 15 / 2007

Transaction ID: 70415.C32729

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
L. B. Doggett

Mailing Address 666 11th Street, N.W., Suite 300

City Washington State DC Zip Code 20001

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

Name of Employer Doggett Enterprises Occupation Parking/Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 06 / 2007

Transaction ID: 70220.C32346

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Joseph Duffy

Mailing Address 8446 Portland Place

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70415.C32420

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
William Dye

Mailing Address 8505 Cottage Street, S.W.

City State Zip Code
Vienna VA 22180

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70415.C32672

Amount of Each Receipt this Period
300.00

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

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

Mailing Address 6102 Still Water Way

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Self Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2007

Transaction ID: 70415.C32649

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
H. Robert Edwards

Mailing Address 500 Princess Court

City Winchester State VA Zip Code 22601

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

Name of Employer Self Occupation Consultant/Trustee

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70415.C32421

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Charles Ewing

Mailing Address 1322 Merchant Lane

City McLean State VA Zip Code 22101

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32534

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
P. Wesley Foster

Mailing Address 1001 Crest Lane

City McLean State VA Zip Code 22101

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

Name of Employer Long & Foster Realtors Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32535

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Eve Fout

Mailing Address P.O. Box 346

City State Zip Code
Middleburg VA 20118

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

Name of Employer Self Occupation Artist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32538

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
B. Mark Fried

Mailing Address 5924 Fried Farm Road

City State Zip Code
Crozet VA 22932

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

Name of Employer Fried Companies Occupation Developer/Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32727

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Barbara Fried

Mailing Address 5924 Fried Farm Road

City State Zip Code
Crozet VA 22932

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32728

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Frank Gilchrist

Mailing Address P.O. Box 308

City State Zip Code
Middleburg VA 20118

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70415.C32542

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Lorna Gladstone

Mailing Address 1161 Crest Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70415.C32462

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Geoffrey Gleason

Mailing Address 6126 N. 11th Road

City State Zip Code
Arlington VA 22205

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

Name of Employer Occupation
The Livingston Group Govt Representative VP

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 7

Transaction ID: 70415.C32791

Amount of Each Receipt this Period
1000.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Emily Halim

Mailing Address 619 Forest Avenue

City State Zip Code
Wilmette IL 60091

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

Name of Employer Occupation
Student

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

2008.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2007

Transaction ID: 70415.C32506

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
Hoda Halim

Mailing Address 533 Roslyn Road

City State Zip Code
Kenilworth IL 60043

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

Name of Employer Occupation
Self Real Estate Development

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

2008.00

Date of Receipt
MM / DD / YYYY
01 / 11 / 2007

Transaction ID: 70415.C32507

Amount of Each Receipt this Period
400.00

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

C. Full Name (Last, First, Middle Initial)
William Hazel

Mailing Address P.O. Box 220562

City State Zip Code
Chantilly VA 20153

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

Name of Employer Occupation
William A. Hazel, Inc. Contractor

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

2008.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32730

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **4400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Hugh Heishman

Mailing Address 12810 Wycklow Drive

City Clifton State VA Zip Code 20124

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32548

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
John Holler

Mailing Address 826 Anthony Court

City Leesburg State VA Zip Code 20175

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

Name of Employer Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: 70415.C32418

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
David Holliday

Mailing Address 420 W. Jubal Early Dr., Suite 103

City Winchester State VA Zip Code 22601

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

Name of Employer Occupation Land Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70415.C32689

Amount of Each Receipt this Period
250.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
William Holtzman

Mailing Address P.O. Box 204

City State Zip Code
Mount Jackson VA 22842

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

Name of Employer Occupation
Holtzman Oil Corp. Petroleum Distributor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32541

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Bertha Hoskins

Mailing Address 2202 Spinnaker Court

City State Zip Code
Reston VA 20191-4704

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

Name of Employer Occupation
Self Accountant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32543

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Steven Huff

Mailing Address 19108 Harmony Church Road

City State Zip Code
Leesburg VA 20175

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

Name of Employer Occupation
Overwatch Systems CTO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70415.C32687

Amount of Each Receipt this Period
2300.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Nancy Johnson

Mailing Address 106 Smallwood Way

City Falls Church State VA Zip Code 22046

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

Name of Employer Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 6 / 2 0 0 7

Transaction ID: 70415.C32544

Amount of Each Receipt this Period
 500.00

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

B. Full Name (Last, First, Middle Initial)
Charles Kim

Mailing Address 19262 Mill Site Place

City Leesburg State VA Zip Code 20176

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 7

Transaction ID: 70415.C32792

Amount of Each Receipt this Period
 1000.00

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

C. Full Name (Last, First, Middle Initial)
William Laux

Mailing Address 3638 Elderberry Place

City Fairfax State VA Zip Code 22033

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 7 / 2 0 0 7

Transaction ID: 70220.C32348

Amount of Each Receipt this Period
 250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Bonnie Sue Lettow

Mailing Address 6315 Stoneham Lane

City State Zip Code
Mc Lean VA 22101

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70415.C32547

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
Atef Mackar

Mailing Address 1180 Crystal Avenue

City State Zip Code
Downers Grove IL 60516

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

Name of Employer Occupation
Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 0 7

Transaction ID: 70415.C32508

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Kathryn MacLane

Mailing Address 9024 Belcourt Castle Place

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
Self Real Estate Investor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 7

Transaction ID: 70415.C32732

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 57
	<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)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Donald Marro

Mailing Address 3318 Bust Head Road

City State Zip Code
The Plains VA 20198

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

Name of Employer Occupation
Clancy Associates Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: 70415.C32513

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Colby May

Mailing Address 1770 Kirby Road

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Self Attorney/Publisher

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70415.C32702

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Russell May

Mailing Address 19385 Cypress Ridge Terrace, #806

City State Zip Code
Leesburg VA 20176

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 70415.C32796

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
James McIvaine

Mailing Address 1109 Laurelwood Drive

City State Zip Code
McLean VA 22102

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32731

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Blanche Moore

Mailing Address 735 Potomac River Road

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70415.C32688

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Mattie Parrish

Mailing Address 8898 Bond Court

City State Zip Code
Manassas VA 20110

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

Name of Employer MIFCO, Inc. Occupation Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32549

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **3050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial) Milton Peterson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 12500 Fair Lakes Circle Suite 400		Transaction ID: 70415.C32698
City State Zip Code Fairfax VA 22033	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Peterson Companies	Occupation Builder	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

B. Full Name (Last, First, Middle Initial) Steven Peterson		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 12500 Fair Lakes Circle, Suite 400		Transaction ID: 70415.C32699
City State Zip Code Fairfax VA 22033	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Peterson Companies	Occupation President of Development	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

C. Full Name (Last, First, Middle Initial) Frank Pimentel		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007
Mailing Address 1163 Silver Beech Road		Transaction ID: 70415.C32734
City State Zip Code Herndon VA 20170	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mintz Levin Cohn Ferris	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	4850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Jamie Pumpelly

Mailing Address 8214 Lazy Point Lane

City Lorton State VA Zip Code 22079

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

Name of Employer Bay Bridge Marina Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32536

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
Charles S. Rigby, III

Mailing Address 2850 Emily Court

City Haymarket State VA Zip Code 20169

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32733

Amount of Each Receipt this Period
1000.00

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

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

Mailing Address 1100 S. Glebe Road

City Arlington State VA Zip Code 22204

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

Name of Employer Rosenthal Automotive Organization Occupation Chairman/Pres.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70415.C32697

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<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)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Jeffrey Rush

Mailing Address 43440 Orson Street

City Chantilly State VA Zip Code 20152

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

Name of Employer Long & Foster Realtors Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70415.C32546

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
James Sack

Mailing Address 9903 Blackmore Vale Way

City Great Falls State VA Zip Code 22066

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

Name of Employer Sack Harris & Martin Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 7

Transaction ID: 70415.C32540

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Donald Selman

Mailing Address 1219 Chase Heritage Circle, Apt. 1

City Sterling State VA Zip Code 20164

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

Name of Employer Southland Industries Occupation Business Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 7

Transaction ID: 70415.C32463

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
J. Donald Shockey

Mailing Address P.O. Box 2530

City Winchester State VA Zip Code 22604

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

Name of Employer Shockey Industries Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 70415.C32701

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Singleton

Mailing Address 10509 Adel Road

City Oakton State VA Zip Code 22124

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

Name of Employer Inova Health Systems Occupation Health Care Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32533

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Walter Stahr

Mailing Address 1309 Chamberlain Woods Way

City Vienna State VA Zip Code 22182

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

Name of Employer EMP Global Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32551

Amount of Each Receipt this Period
250.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Alice Starr

Mailing Address 24569 Via De Casa

City Malibu State CA Zip Code 90265

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

Name of Employer Starr Strategies Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70415.C32797

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Terry Straight

Mailing Address 6262 Saints Hill Lane

City Broad Run State VA Zip Code 20137

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

Name of Employer M.L. Straight Painting, Co. Occupation Contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 28 / 2007

Transaction ID: 70415.C32607

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Jozsef Tassi

Mailing Address 45183 Old Ox Road

City Sterling State VA Zip Code 20166

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

Name of Employer Occupation Businessman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2007

Transaction ID: 70415.C32795

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

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

Mailing Address 47563 Coldspring Place

City State Zip Code
Sterling VA 20165

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

Name of Employer Occupation
Fairfax Cnty. Fed. Credit Unio President/CEO

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 7

Transaction ID: 70415.C32804

Amount of Each Receipt this Period
250.00

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

B. Full Name (Last, First, Middle Initial)
James Todd

Mailing Address 6605 Madison McLean Drive

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
TFP Investments Managing Partner

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 1 / 2 0 0 7

Transaction ID: 70415.C32502

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
John Toups

Mailing Address 1460 Waggaman Circle

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Retired

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

2300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 6 / 2 0 0 7

Transaction ID: 70415.C32686

Amount of Each Receipt this Period
2300.00

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

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Glen Urquhart

Mailing Address 4 East Lake Drive

City Rehoboth Beach State DE Zip Code 19971-2927

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

Name of Employer Chantilly Building Assoc. Occupation Builder

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: 70415.C32537

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Vance

Mailing Address 4042 41st Street, N.

City McLean State VA Zip Code 22101

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

Name of Employer Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: 70415.C32739

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Lynn White

Mailing Address 1415 Grady Randall Court

City McLean State VA Zip Code 22101

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

Name of Employer Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2007

Transaction ID: 70415.C32793

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Stuart White

Mailing Address 1415 Grady Randall Court

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70415.C32794

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Whitney

Mailing Address 10607 Beach Mill Road

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 26 / 2007

Transaction ID: 70415.C32552

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Ellen Ziegler

Mailing Address 4010 Terrace Drive

City State Zip Code
Annandale VA 22003

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

Name of Employer Occupation
Homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2007

Transaction ID: 70415.C32798

Amount of Each Receipt this Period
250.00

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

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	69500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 57
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
BASE Technologies, Inc.
Mailing Address 1749 Old Meadow Road, 5th Floor

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 17 / 2007

Transaction ID: 70415.C32501

Amount of Each Receipt this Period
2100.00

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

B. Full Name (Last, First, Middle Initial)
Friends of Danny Presgrave
Mailing Address 108 S. Court Street

City State Zip Code
Luray VA 22835

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 16 / 2007

Transaction ID: 70415.C32515

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Friends of Russ Potts
Mailing Address 14 North Braddock Street

City State Zip Code
Winchester VA 22601

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 28 / 2007

Transaction ID: 70415.C32574

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 57
	(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)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Pragmatics PAC

Mailing Address 7926 Jones Branch Drive, Suite 711

City State Zip Code
McLean VA 22102

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70415.C32685

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
Texans for Bonilla

Mailing Address P.O. Box 17292

City State Zip Code
San Antonio TX 78217

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2007

Transaction ID: 70415.C32683

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	2500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 57	
	(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 checked="" type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Steven Peterson

Mailing Address 12500 Fair Lakes Circle, Suite 400

City Fairfax	State VA	Zip Code 22033-
-----------------	-------------	--------------------

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

Name of Employer The Peterson Companies	Occupation President of Development
--	--

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	9	/	2	0	0	7

Transaction ID: 70714.C33396

Amount of Each Receipt this Period
2100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	2100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 57
	<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	

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. The Business Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 8399 Leesburg Pike		Transaction ID: 70415.C32815
City Vienna State VA Zip Code 22182-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 269.47
Name of Employer	Occupation	Interest Received
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2607.38	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) B. The Business Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 8399 Leesburg Pike		Transaction ID: 70415.C32816
City Vienna State VA Zip Code 22182-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 47.43
Name of Employer	Occupation	Interest Received
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2654.81	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) C. The Business Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address 8399 Leesburg Pike		Transaction ID: 70415.C32817
City Vienna State VA Zip Code 22182-	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 87.88
Name of Employer	Occupation	Interest Received
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2742.69	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	404.78
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 33 / 57	
	(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

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
The Business Bank

Mailing Address 8399 Leesburg Pike

City	State	Zip Code
Vienna	VA	22182-

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

Name of Employer	Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2894.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	7

Transaction ID: 70415.C32818

Amount of Each Receipt this Period
151.34

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

SUBTOTAL of Receipts This Page (optional)	▶	151.34
TOTAL This Period (last page this line number only)	▶	556.12

**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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Campaign Contribution.Com		Transaction ID: 70415.E3479 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 205 Pennsylvania Ave., S.E.		Amount of Each Disbursement this Period 96.30
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		CREDIT CARD PROCESSING FEE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mary Ann Cannon		Transaction ID: 70415.E3496 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 21419 Plymouth Place		Amount of Each Disbursement this Period 104.13
City Ashburn State VA Zip Code 20147-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE REIMBURSEMENT		MILEAGE REIMBURSEMENT
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mary Ann Cannon		Transaction ID: 70415.E3497 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 21419 Plymouth Place		Amount of Each Disbursement this Period 415.57
City Ashburn State VA Zip Code 20147-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY FOR DEC. 06		SALARY FOR DEC. 06
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	616.00
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Mary Ann Cannon		Transaction ID: 70415.E3499 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7
Mailing Address 21419 Plymouth Place		Amount of Each Disbursement this Period 218.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ashburn State VA Zip Code 20147-	Purpose of Disbursement MILEAGE & SUPPLIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE & SUPPLIES

Full Name (Last, First, Middle Initial) B. Mary Ann Cannon		Transaction ID: 70415.E3498 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 7
Mailing Address 21419 Plymouth Place		Amount of Each Disbursement this Period 679.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ashburn State VA Zip Code 20147-	Purpose of Disbursement SALARY JAN. 07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY JAN. 07

Full Name (Last, First, Middle Initial) C. Mary Ann Cannon		Transaction ID: 70415.E3500 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 21419 Plymouth Place		Amount of Each Disbursement this Period 729.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Ashburn State VA Zip Code 20147-	Purpose of Disbursement SALARY FEB. 07 Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY FEB. 07

SUBTOTAL of Disbursements This Page (optional) ▶	1627.40
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Mary Ann Cannon		Transaction ID: 70415.E3501 Date of Disbursement MM / DD / YYYY 03 / 27 / 2007
Mailing Address 21419 Plymouth Place		Amount of Each Disbursement this Period 56.75
City Ashburn State VA Zip Code 20147-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Candidate Name	MILEAGE REIMBURSEMENT
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Clarke-Hook Realty & Management		Transaction ID: 70415.E3523 Date of Disbursement MM / DD / YYYY 01 / 31 / 2007
Mailing Address 14506E Lee Road		Amount of Each Disbursement this Period 787.00
City Chantilly State VA Zip Code 20151-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT - FEB. 07	Candidate Name	RENT - FEB. 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Clarke-Hook Realty & Management		Transaction ID: 70415.E3524 Date of Disbursement MM / DD / YYYY 02 / 24 / 2007
Mailing Address 14506E Lee Road		Amount of Each Disbursement this Period 800.00
City Chantilly State VA Zip Code 20151-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT - MARCH 07	Candidate Name	RENT - MARCH 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1643.75
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Clarke-Hook Realty & Management		Transaction ID: 70415.E3525 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2007	
Mailing Address 14506E Lee Road		Amount of Each Disbursement this Period 800.00	
City Chantilly State VA Zip Code 20151-	Purpose of Disbursement RENT APRIL 07	<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	RENT APRIL 07	

Full Name (Last, First, Middle Initial) B. Congressional Institute		Transaction ID: 70415.E3517 Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2007	
Mailing Address 316 Pennsylvania Ave., SE Suite 403		Amount of Each Disbursement this Period 778.00	
City Washington State DC Zip Code 20003-	Purpose of Disbursement HOUSE CONFERENCE RETREAT FEE	<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	HOUSE CONFERENCE RETREAT FEE	

Full Name (Last, First, Middle Initial) C. Melinda Conner		Transaction ID: 70415.E3532 Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2007	
Mailing Address 5806 New England Woods Drive		Amount of Each Disbursement this Period 2869.19	
City Burke State VA Zip Code 22015-	Purpose of Disbursement SALARY	<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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY	

SUBTOTAL of Disbursements This Page (optional) ▶	4447.19
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Melinda Conner		Transaction ID: 70415.E3533 Date of Disbursement 02 / 24 / 2007	
Mailing Address 5806 New England Woods Drive		Amount of Each Disbursement this Period 84.90	
City State Zip Code Burke VA 22015-	Purpose of Disbursement MILEAGE REIMBURSEMENT Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		MILEAGE REIMBURSEMENT	

Full Name (Last, First, Middle Initial) B. Creative Direct LLC		Transaction ID: 70415.E3545 Date of Disbursement 03 / 10 / 2007	
Mailing Address 4814 Fitzhugh Avenue, Suite 102		Amount of Each Disbursement this Period 6850.00	
City State Zip Code Richmond VA 23230-	Purpose of Disbursement PRINTED MATERIALS Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PRINTED MATERIALS	

Full Name (Last, First, Middle Initial) C. Dominion Virginia Power		Transaction ID: 70415.E3510 Date of Disbursement 01 / 14 / 2007	
Mailing Address P.O. Box 26543		Amount of Each Disbursement this Period 41.31	
City State Zip Code Richmond VA 23290-	Purpose of Disbursement ELECTRICITY PAYMENT Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		ELECTRICITY PAYMENT	

SUBTOTAL of Disbursements This Page (optional) ▶	6976.21
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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Dominion Virginia Power		Transaction ID: 70415.E3511 Date of Disbursement MM / DD / YYYY 02 / 14 / 2007
Mailing Address P.O. Box 26543		Amount of Each Disbursement this Period 40.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23290-	Purpose of Disbursement ELECTRICTY PAYMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ELECTRICTY PAYMENT

Full Name (Last, First, Middle Initial) B. Dominion Virginia Power		Transaction ID: 70415.E3512 Date of Disbursement MM / DD / YYYY 03 / 17 / 2007
Mailing Address P.O. Box 26543		Amount of Each Disbursement this Period 48.01 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23290-	Purpose of Disbursement ELECTRICTY PAYMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ELECTRICTY PAYMENT

Full Name (Last, First, Middle Initial) C. Linda Douglas		Transaction ID: 70415.E3502 Date of Disbursement MM / DD / YYYY 01 / 08 / 2007
Mailing Address 11810 Grey Birch Place		Amount of Each Disbursement this Period 669.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Reston State VA Zip Code 20191-	Purpose of Disbursement MILEAGE POSTAGE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE POSTAGE REIMBURSE- MENT

SUBTOTAL of Disbursements This Page (optional) ▶	758.33
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 40 / 57

<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Linda Douglas		Transaction ID: 70415.E3503 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 11810 Grey Birch Place		Amount of Each Disbursement this Period 10775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Reston State VA Zip Code 20191-	Purpose of Disbursement SALARY Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY

Full Name (Last, First, Middle Initial) B. Linda Douglas		Transaction ID: 70415.E3504 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address 11810 Grey Birch Place		Amount of Each Disbursement this Period 164.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Reston State VA Zip Code 20191-	Purpose of Disbursement POSTAGE REIMBURSEMENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE REIMBURSEMENT

Full Name (Last, First, Middle Initial) C. Eric Margry Engraving		Transaction ID: 70415.E3530 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 105 N. Union Street Studio 229		Amount of Each Disbursement this Period 634.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement ENGRAVING FEE Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ENGRAVING FEE

SUBTOTAL of Disbursements This Page (optional) ▶	11574.40
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. The Levatino Group		Transaction ID: 70415.E3540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 801 N. Howard Street, Suite 474		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
City Alexandria State VA Zip Code 22304-	Category/ Type	
Purpose of Disbursement FED EX EXPENSES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FED EX EXPENSES

Full Name (Last, First, Middle Initial) B. The Levatino Group		Transaction ID: 70415.E3538 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 801 N. Howard Street, Suite 474		Amount of Each Disbursement this Period 6495.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22304-	Category/ Type	
Purpose of Disbursement FUNDRAISING COMMISSION FEE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING COMMISSION FEE

Full Name (Last, First, Middle Initial) C. The Levatino Group		Transaction ID: 70415.E3539 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 801 N. Howard Street, Suite 474		Amount of Each Disbursement this Period 6610.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22304-	Category/ Type	
Purpose of Disbursement FUNDRAISING COMMISSION FEE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING COMMISSION FEE

SUBTOTAL of Disbursements This Page (optional) ▶	13159.00
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. McLearen Self Storage		Transaction ID: 70415.E3506 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 13800 McLearen Road		Amount of Each Disbursement this Period 119.99
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT JAN. 07	Candidate Name	RENT JAN. 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McLearen Self Storage		Transaction ID: 70415.E3507 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 13800 McLearen Road		Amount of Each Disbursement this Period 119.99
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT FEB. 07	Candidate Name	RENT FEB. 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. McLearen Self Storage		Transaction ID: 70415.E3508 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 13800 McLearen Road		Amount of Each Disbursement this Period 150.00
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT MARCH 07	Candidate Name	RENT MARCH 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	389.98
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. McLearn Self Storage		Transaction ID: 70415.E3509 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 13800 McLearn Road		Amount of Each Disbursement this Period 160.00
City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT APRIL 07	Candidate Name	RENT APRIL 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kamal Rahal		Transaction ID: 70415.E3519 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 2635 Oakton Glen Rd.		Amount of Each Disbursement this Period 292.62
City Vienna State VA Zip Code 22180-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY DEC. 06	Candidate Name	SALARY DEC. 06
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kamal Rahal		Transaction ID: 70415.E3531 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 2635 Oakton Glen Rd.		Amount of Each Disbursement this Period 292.62
City Vienna State VA Zip Code 22180-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY JAN. 07	Candidate Name	SALARY JAN. 07
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	745.24
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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Kamal Rahal		Transaction ID: 70415.E3546 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 7
Mailing Address 2635 Oakton Glen Rd.		Amount of Each Disbursement this Period 292.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vienna State VA Zip Code 22180-	Purpose of Disbursement SALARY FEB. 07 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SALARY FEB. 07

Full Name (Last, First, Middle Initial) B. Sundra Printing		Transaction ID: 70415.E3529 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 14508-C Lee Road		Amount of Each Disbursement this Period 1860.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly State VA Zip Code 20151-	Purpose of Disbursement PRINTING FEES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING FEES

Full Name (Last, First, Middle Initial) C. U.S. Treasurer		Transaction ID: 70415.E3520 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address Electronic Transfer of Funds		Amount of Each Disbursement this Period 138.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-	Purpose of Disbursement PAYROLL TAXES DEC. 06 Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES DEC. 06

SUBTOTAL of Disbursements This Page (optional) ▶	2291.93
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) Friends of Frank Wolf

A. U.S. Treasurer		Full Name (Last, First, Middle Initial)		Transaction ID: 70415.E3521	
Mailing Address		Electronic Transfer of Funds		Date of Disbursement	
City		State		M M / D D / Y Y Y Y	
Washington		DC		0 1 / 3 1 / 2 0 0 7	
Zip Code		20036-		Amount of Each Disbursement this Period	
Purpose of Disbursement		PAYROLL TAXES JAN. 07		483.60	
Candidate Name		Category/Type		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought:		Disbursement For:		PAYROLL TAXES JAN. 07	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 00					

B. U.S. Treasurer		Full Name (Last, First, Middle Initial)		Transaction ID: 70415.E3528	
Mailing Address		Electronic Transfer of Funds		Date of Disbursement	
City		State		M M / D D / Y Y Y Y	
Washington		DC		0 2 / 1 3 / 2 0 0 7	
Zip Code		20036-		Amount of Each Disbursement this Period	
Purpose of Disbursement		PAYROLL TAXES		2186.00	
Candidate Name		Category/Type		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought:		Disbursement For:		PAYROLL TAXES	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 00					

C. U.S. Treasurer		Full Name (Last, First, Middle Initial)		Transaction ID: 70415.E3534	
Mailing Address		Electronic Transfer of Funds		Date of Disbursement	
City		State		M M / D D / Y Y Y Y	
Washington		DC		0 2 / 2 8 / 2 0 0 7	
Zip Code		20036-		Amount of Each Disbursement this Period	
Purpose of Disbursement		PAYROLL TAXES		1485.47	
Candidate Name		Category/Type		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought:		Disbursement For:		PAYROLL TAXES	
<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN District: 00					

SUBTOTAL of Disbursements This Page (optional)	▶	4155.07
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. U.S. Treasurer		Transaction ID: 70415.E3537 Date of Disbursement 03 / 02 / 2007
Mailing Address Electronic Transfer of Funds		Amount of Each Disbursement this Period 181.15
City Washington	State DC Zip Code 20036-	
Purpose of Disbursement PAYROLL TAXES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: MN District: 00		

Full Name (Last, First, Middle Initial) B. U.S. Treasurer		Transaction ID: 70415.E3551 Date of Disbursement 03 / 30 / 2007
Mailing Address Electronic Transfer of Funds		Amount of Each Disbursement this Period 593.85
City Washington	State DC Zip Code 20036-	
Purpose of Disbursement PAYROLL TAXES		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES
State: MN District: 00		

Full Name (Last, First, Middle Initial) C. US Postmaster-Merrifield		Transaction ID: 70415.E3495 Date of Disbursement 01 / 08 / 2007
Mailing Address Post Office Building		Amount of Each Disbursement this Period 106.00
City Merrifield	State VA Zip Code 22116-	
Purpose of Disbursement P.O. BOX RENTAL FEE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P.O. BOX RENTAL FEE
State: MN District: 00		

SUBTOTAL of Disbursements This Page (optional)	881.00
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70415.E3481 Date of Disbursement 01 / 08 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 34.14
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70415.E3480 Date of Disbursement 01 / 08 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 434.84
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CELL PHONE SERVICE	Candidate Name	CELL PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70415.E3482 Date of Disbursement 01 / 22 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 102.88
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	571.86
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70415.E3483 Date of Disbursement 01 / 27 / 2007	
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 95.04	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement BLACKBERRY PHONE BILL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	BLACKBERRY PHONE BILL	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70415.E3484 Date of Disbursement 01 / 31 / 2007	
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 27.55	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement PHONE SERVICE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70415.E3485 Date of Disbursement 02 / 12 / 2007	
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 103.23	
City Baltimore State MD Zip Code 21297-0429	Purpose of Disbursement CELL PHONE CHARGES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CELL PHONE CHARGES	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	225.82
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70415.E3486 Date of Disbursement 02 / 25 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 95.04
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY CHARGES	Candidate Name	BLACKBERRY CHARGES
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70415.E3487 Date of Disbursement 03 / 07 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 27.55
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE SERVICE	Candidate Name	PHONE SERVICE
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70415.E3488 Date of Disbursement 03 / 10 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 46.63
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BLACKBERRY CHARGES	Candidate Name	BLACKBERRY CHARGES
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	169.22
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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: 70415.E3489 Date of Disbursement MM / DD / YYYY 03 / 17 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 287.64
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE CHARGES	Candidate Name	PHONE CHARGES
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: 70415.E3549 Date of Disbursement MM / DD / YYYY 03 / 26 / 2007
Mailing Address P.O. Box 17398		Amount of Each Disbursement this Period 95.34
City Baltimore State MD Zip Code 21297-0429	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE CHARGES	Candidate Name	PHONE CHARGES
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Virginia Dept. of Taxation		Transaction ID: 70415.E3522 Date of Disbursement MM / DD / YYYY 01 / 31 / 2007
Mailing Address P.O. Box 1202		Amount of Each Disbursement this Period 100.00
City Richmond State VA Zip Code 23209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STATE TAXES	Candidate Name	STATE TAXES
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	482.98
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. Virginia Dept. of Taxation		Transaction ID: 70415.E3535 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address P.O. Box 1202		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23209-	Purpose of Disbursement STATE PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STATE PAYROLL TAXES

Full Name (Last, First, Middle Initial) B. Virginia Dept. of Taxation		Transaction ID: 70415.E3550 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address P.O. Box 1202		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
City Richmond State VA Zip Code 23209-	Purpose of Disbursement STATE PAYROLL TAXES Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	STATE PAYROLL TAXES

Full Name (Last, First, Middle Initial) C. Visa Cardmember Services		Transaction ID: 70415.E3490 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address P. O. Box 15153		Amount of Each Disbursement this Period 3309.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SEE BELOW:

SUBTOTAL of Disbursements This Page (optional) ▶	3609.25
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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. HP Home Store		Transaction ID: 70415.E3493 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 3000 Hanover Street		Amount of Each Disbursement this Period 3122.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palo Alto State CA Zip Code 94304-	Purpose of Disbursement LAPTOP AND ACCESSORIES Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: LAPTOP AND ACCESSORIES

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: 70415.E3491 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address 14405 Chantilly Lane		Amount of Each Disbursement this Period 134.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly State VA Zip Code 20151-	Purpose of Disbursement TONER AND INK Candidate Name	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: TONER AND INK

Full Name (Last, First, Middle Initial) C. Visa Cardmember Services		Transaction ID: 70415.E3526 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address P. O. Box 15153		Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SEE BELOW:

SUBTOTAL of Disbursements This Page (optional) ▶	78.00
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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. US Postmaster-Merrifield		Transaction ID: 70415.E3527 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7
Mailing Address Post Office Building		Amount of Each Disbursement this Period 78.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Merrifield State VA Zip Code 22116-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement POSTAGE		[MEMO ITEM] MEMO: POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Visa Cardmember Services		Transaction ID: 70415.E3541 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address P. O. Box 15153		Amount of Each Disbursement this Period 2404.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement CREDIT CARD SEE BELOW:		CREDIT CARD SEE BELOW:
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Office Depot		Transaction ID: 70415.E3543 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 14405 Chantilly Lane		Amount of Each Disbursement this Period 241.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chantilly State VA Zip Code 20151-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement OFFICE SUPPLIES		[MEMO ITEM] MEMO: OFFICE SUPPLIES
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2404.92
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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial)
A. US Postmaster-Merrifield

Mailing Address Post Office Building

City Merrifield State VA Zip Code 22116-

Purpose of Disbursement
POSTAGE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: MN District: 00

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 70415.E3542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: POSTAGE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

56807.55

**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)

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<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)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial) A. National Republican Congressional Comm.		Transaction ID: 70415.E3494 Date of Disbursement
Mailing Address 320 First Street, S.E. Suite 307		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Amount of Each Disbursement this Period <input type="text" value="15000.00"/>
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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: MN	District: 00	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Comm.		Transaction ID: 70415.E3547 Date of Disbursement
Mailing Address 320 First Street, S.E. Suite 307		<input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement TRANSFER OF EXCESS FUNDS		Amount of Each Disbursement this Period <input type="text" value="10000.00"/>
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 checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: MN	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="25000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="25000.00"/>

**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)

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<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 checked="" type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

Full Name (Last, First, Middle Initial)
A. BASE Technologies, Inc.

Mailing Address 1749 Old Meadow Road, 5th Floor

City McLean State VA Zip Code 22102-

Purpose of Disbursement Refund of Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70415.E3553

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	2		0	4		2	0	0	7

Amount of Each Disbursement this Period

2100.00

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

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

2100.00

**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)

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

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NAME OF COMMITTEE (In Full)
Friends of Frank Wolf

A. Full Name (Last, First, Middle Initial)
Steven Peterson

Mailing Address 12500 Fair Lakes Circle, Suite 400

City Fairfax State VA Zip Code 22033-

Purpose of Disbursement
Refund of Contribution Reissued Refund C

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: 70416.E3555

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	1		0	9		2	0	0	7

Amount of Each Disbursement this Period

2100.00

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

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

2100.00