

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

12 JUN 25 PM 2:22

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BOB MARSHALL FOR SENATE, INC.

ADDRESS (number and street)

7930 WILLOW POND COURT

Check if different
than previously
reported. (ACC)

MANASSAS

VA

20111

2. FEC IDENTIFICATION NUMBER ▼

C

C00511956

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y
06 / 12 / 2012in the
State of

VA

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y
06 / 12 / 2012in the
State of

VA

5. Covering Period

M M / D D / Y Y Y Y Y
04 / 01 / 2012

through

M M / D D / Y Y Y Y Y
05 / 23 / 2012

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 Mary Rose Lalli

Signature of Treasurer

Mary Rose Lalli

Mary Rose Lalli

Date

06 / 06 / 2012

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

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

BOB MARSHALL FOR SENATE, INC.

Report Covering the Period: From:

M M	D D	Y Y Y Y
04	01	2012

To:

M M	D D	Y Y Y Y
05	23	2012

	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))	31497.85	54123.85
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	31497.85	54123.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15142.05	35741.28
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15142.05	35741.28
8. Cash on Hand at Close of Reporting Period (from Line 27)	28382.57	
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)	29152.40	

For further information contact:

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

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

12020410170

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

BOB MARSHALL FOR SENATE, INC.

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2012

To:

MM / DD / YYYY
05 / 23 / 2012

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)

18851.73

35901.73

(ii) Unitemized

12396.12

16972.12

(iii) TOTAL of contributions
from individuals

31247.85

52873.85

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees
(such as PACs)

250.00

1250.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

31497.85

54123.85

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate

0.00

10000.00

(b) All Other Loans

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b))

0.00

10000.00

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

0.00

0.00

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

0.00

0.00

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

31497.85

64123.85

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

15142.05

35741.28

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.....

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS.....

0.00

0.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

15142.05

35741.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

12026.77

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

31497.85

25. SUBTOTAL (add Line 23 and Line 24).....

43524.62

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

15142.05

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

28382.57

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 43

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Theresa Araujo Mailing Address 11010 Bacon Race Rd. City Woodbridge State VA Zip Code 22192 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer REQUESTED Occupation REQUESTED Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="500.00"/>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>05</td> <td>2012</td> </tr> </table> Transaction ID : SA11AI.4754 Amount of Each Receipt this Period <table border="1"> <tr> <td><input type="text" value="500.00"/></td> </tr> </table>	M M	D D	Y Y Y Y Y Y	04	05	2012	<input type="text" value="500.00"/>
M M	D D	Y Y Y Y Y Y							
04	05	2012							
<input type="text" value="500.00"/>									
B. Full Name (Last, First, Middle Initial) Mary K Bailey Mailing Address 2016 Carrhill Road City Vienna State VA Zip Code 22181 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Requested Occupation Requested Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="220.00"/>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>06</td> <td>2012</td> </tr> </table> Transaction ID : SA11AI.4758 Amount of Each Receipt this Period <table border="1"> <tr> <td><input type="text" value="120.00"/></td> </tr> </table>	M M	D D	Y Y Y Y Y Y	04	06	2012	<input type="text" value="120.00"/>
M M	D D	Y Y Y Y Y Y							
04	06	2012							
<input type="text" value="120.00"/>									
C. Full Name (Last, First, Middle Initial) Walter Curt Mailing Address 7372 Campaign Drive City Port Republic State VA Zip Code 24471 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Power Monitors, Inc Occupation President Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date <input type="text" value="2000.00"/>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td>10</td> <td>2012</td> </tr> </table> Transaction ID : SA11AI.4632 Amount of Each Receipt this Period <table border="1"> <tr> <td><input type="text" value="1000.00"/></td> </tr> </table>	M M	D D	Y Y Y Y Y Y	04	10	2012	<input type="text" value="1000.00"/>
M M	D D	Y Y Y Y Y Y							
04	10	2012							
<input type="text" value="1000.00"/>									
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td><input type="text" value="1620.00"/></td> </tr> <tr> <td><input type="text" value=""/></td> </tr> </table>	<input type="text" value="1620.00"/>	<input type="text" value=""/>					
<input type="text" value="1620.00"/>									
<input type="text" value=""/>									

12020410173

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Louis Dale		Date of Receipt MM / DD / YYYY 05 / 22 / 2012	
Mailing Address 3443 Valewood Dr		Transaction ID : SA11AI.4740	
City Oakton	State VA	Zip Code 22124	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Booz Allen Hamilton	Occupation System Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Catherine Driscoll		Date of Receipt MM / DD / YYYY 05 / 15 / 2012	
Mailing Address 1016 Fairway Drive		Transaction ID : SA11AI.4893	
City Chesapeake	State VA	Zip Code 23320	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer REQUESTED	Occupation REQUESTED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) Carl Gardner		Date of Receipt MM / DD / YYYY 04 / 06 / 2012	
Mailing Address 14318 Lee Hwy.		Transaction ID : SA11AI.4760	
City Gainesville	State VA	Zip Code 20155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Hillwood Park, Inc.	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		1450.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 7 OF 43	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Sean Garvey		Date of Receipt MM / DD / YYYY 05 / 04 / 2012	
Mailing Address 8017 Hillcrest Drive		Transaction ID : SA11AI.5003	
City Manassas	State VA	Zip Code 20111	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Sbs Inc	Occupation Owner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Christina Grimberg		Date of Receipt MM / DD / YYYY 04 / 09 / 2012	
Mailing Address 6344 31st Place, NW		Transaction ID : SA11AI.4626	
City Washington	State DC	Zip Code 20015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer none	Occupation homemaker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		
C. Full Name (Last, First, Middle Initial) John Grimberg		Date of Receipt MM / DD / YYYY 05 / 04 / 2012	
Mailing Address 8321 Hectic Hill Lane		Transaction ID : SA11AI.5032	
City Potomac	State MD	Zip Code 20854	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer JCG CO, INC	Occupation VP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		4000.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: **PAGE 8 OF 43**
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Michael Hadro		Date of Receipt MM / DD / YYYY 04 / 29 / 2012	
Mailing Address 9827 Arrowood Drive		Transaction ID : SA11AI.4685	
City Manassas	State VA	Zip Code 20111	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Oracle America Inc	Occupation Director of Contracts		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		
B. Full Name (Last, First, Middle Initial) Timothy Halinsky		Date of Receipt MM / DD / YYYY 04 / 23 / 2012	
Mailing Address 1114 Amanda Drive		Transaction ID : SA11AI.4678	
City Great Falls	State VA	Zip Code 22066	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer RLA Insurance Intermediaries	Occupation Broker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Patricia Hatcher		Date of Receipt MM / DD / YYYY 04 / 17 / 2012	
Mailing Address 200 Beach Rd. Apt. 901		Transaction ID : SA11AI.4772	
City Tequesta	State FL	Zip Code 33469	Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		
SUBTOTAL of Receipts This Page (optional)		3000.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Mary Kelly		Date of Receipt MM / DD / YYYY 05 / 02 / 2012
Mailing Address		Transaction ID : SA11AI.4985
City	State Zip Code VA 20110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee.	C	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
B. Full Name (Last, First, Middle Initial) Brandon Lloyd		Date of Receipt MM / DD / YYYY 04 / 18 / 2012
Mailing Address 6219 Windham Hill Run		Transaction ID : SA11AI.4661
City	State Zip Code VA 22315	Amount of Each Receipt this Period 202.00
FEC ID number of contributing federal political committee.	C	
Name of Employer DOD	Occupation Security Specialist	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 202.00	
C. Full Name (Last, First, Middle Initial) Deirdre Pennefather		Date of Receipt MM / DD / YYYY 05 / 02 / 2012
Mailing Address 8822 Peabody Street		Transaction ID : SA11AI.4981
City	State Zip Code VA 20110	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee.	C	
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional).....		1002.00
TOTAL This Period (last page this line number only).....		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial) Michael Peroutka		Date of Receipt MM / DD / YYYY 04 / 05 / 2012
Mailing Address 8028 Ritchie Hwy Suite 300		Transaction ID : SA11AI.4752
City Pasadena	State MD	Zip Code 21122
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer PEROUTKA & PEROUTKA PA	Occupation Attorney	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) Louise Perreault		Date of Receipt MM / DD / YYYY 04 / 23 / 2012
Mailing Address 503 Brockridge Hunt Drive		Transaction ID : SA11AI.4796
City Hampton	State VA	Zip Code 23666
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Peninsula Metro YMCA	Occupation IT Director	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Louise Perreault		Date of Receipt MM / DD / YYYY 05 / 08 / 2012
Mailing Address 503 Brockridge Hunt Drive		Transaction ID : SA11AI.4711
City Hampton	State VA	Zip Code 23666
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Peninsula Metro YMCA	Occupation IT Director	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

12020410178

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Ernest Ragland		Date of Receipt MM / DD / YYYY 05 / 09 / 2012	
Mailing Address 555 N. Dry Well Rd.		Transaction ID : SA11AI.5057	
City Natural Bridge	State VA	Zip Code 24578	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 68.00	
Name of Employer REQUESTED	Occupation REQUESTED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 218.00		

B. Full Name (Last, First, Middle Initial) James Remington		Date of Receipt MM / DD / YYYY 05 / 13 / 2012	
Mailing Address 3713 Barrington Bridge Place		Transaction ID : SA11AI.4728	
City Richmond	State VA	Zip Code 23233	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Self	Occupation Timber Mgmt		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

C. Full Name (Last, First, Middle Initial) Sonia Rustici		Date of Receipt MM / DD / YYYY 04 / 06 / 2012	
Mailing Address 57 Wild Turkey Dr.		Transaction ID : SA11AI.4756	
City Stafford	State VA	Zip Code 22556	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer REQUESTED	Occupation REQUESTED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	568.00
TOTAL This Period (last page this line number only).....	

12020410179

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 43

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

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

Monica Sanders

A. Mailing Address 500 Long Point Lane

City

State

Zip Code

Topping

VA

23169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : SA11AI.5017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Melvin Satterwhite

Mailing Address 205 North Fir Ct.

City

State

Zip Code

Sterling

VA

20164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Faith Bible Church

Occupation

Minister

Receipt For: 2012

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

MM / DD / YYYY
04 / 10 / 2012

Transaction ID : SA11AI.4762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Seeds

Mailing Address 113 West Square Dr

City

State

Zip Code

Richmond

VA

23238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Commonwealth University

Occupation

Physician Faculty

Receipt For: 2012

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

MM / DD / YYYY
05 / 01 / 2012

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

Donald Selman

A.

Mailing Address 1219 Chase Heritage Circle

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: 2012

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

MM / DD / YYYY
04 / 20 / 2012

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Donald Selman

B.

Mailing Address 1219 Chase Heritage Circle

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: 2012

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

Donald Selman

C.

Mailing Address 1219 Chase Heritage Circle

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: 2012

☒

Primary

☐

General

☐

Other (specify)

Election Cycle-to-Date

518.00

Date of Receipt

MM / DD / YYYY
05 / 04 / 2012

Transaction ID : SA11AI.4699

Amount of Each Receipt this Period

68.00

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

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

518.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial) Donald Selman		Date of Receipt MM / DD / YYYY 05 / 11 / 2012
Mailing Address 1219 Chase Heritage Circle		Transaction ID : SA11AI.4724
City Sterling	State VA	Zip Code 20164
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Southland Industries	Occupation Business Manager	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 618.00	
Full Name (Last, First, Middle Initial) Louis F Sette		Date of Receipt MM / DD / YYYY 04 / 30 / 2012
Mailing Address 401 Spring Lake Road		Transaction ID : SA11AI.5080
City Forest	State VA	Zip Code 24551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 315.00
Name of Employer Liberty University	Occupation Postal Clerk	In-kind - the News Advertisement
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 315.00	
Full Name (Last, First, Middle Initial) Louis F Sette		Date of Receipt MM / DD / YYYY 05 / 01 / 2012
Mailing Address 401 Spring Lake Road		Transaction ID : SA11AI.5082
City Forest	State VA	Zip Code 24551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.98
Name of Employer Liberty University	Occupation Postal Clerk	In-kind - Postage
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 354.98	
SUBTOTAL of Receipts This Page (optional).....		454.98
TOTAL This Period (last page this line number only).....		

12020410182

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Louis F Sette Mailing Address 401 Spring Lake Road City Forest State VA Zip Code 24551 FEC ID number of contributing federal political committee. C Name of Employer Liberty University Occupation Postal Clerk Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 459.98		Date of Receipt MM / DD / YYYY 05 / 06 / 2012 Transaction ID : SA11AI.5081 Amount of Each Receipt this Period 105.00 In-kind - Newspaper Advertisement
B. Full Name (Last, First, Middle Initial) Louis F Sette Mailing Address 401 Spring Lake Road City Forest State VA Zip Code 24551 FEC ID number of contributing federal political committee. C Name of Employer Liberty University Occupation Postal Clerk Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 643.73		Date of Receipt MM / DD / YYYY 05 / 22 / 2012 Transaction ID : SA11AI.5079 Amount of Each Receipt this Period 183.75 In-kind - Wingate Hotel Meeting Room
C. Full Name (Last, First, Middle Initial) Paul St. John Mailing Address 11709 Dumfries Road City Manassas State VA Zip Code 20112 FEC ID number of contributing federal political committee. C Name of Employer DOD Occupation IT Specialist Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 Transaction ID : SA11AI.4680 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional).....		788.75
TOTAL This Period (last page this line number only).....		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Joseph Strada Mailing Address 5120 Pheasant Ridge Road City Fairfax State VA Zip Code 22030 FEC ID number of contributing federal political committee. C Name of Employer REQUESTED Occupation REQUESTED Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 230.00		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 Transaction ID : SA11AI.4933 Amount of Each Receipt this Period 50.00
B. Full Name (Last, First, Middle Initial) John Tate Mailing Address 9129 Acadia Park Drive City Bristow State VA Zip Code 20136 FEC ID number of contributing federal political committee. C Name of Employer REQUESTED Occupation Campaign Manager Ron Paul 2012 PCC Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt MM / DD / YYYY 05 / 23 / 2012 Transaction ID : SA11AI.4742 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Carolyn Vay Mailing Address 14120 Franklin Street City Woodbridge State VA Zip Code 22191 FEC ID number of contributing federal political committee. C Name of Employer REQUESTED Occupation REQUESTED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 Transaction ID : SA11AI.5015 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)		400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 43
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) Carolyn Zolbe Mailing Address 6241 18th Road N City Arlington State VA Zip Code 22205 FEC ID number of contributing federal political committee. C Name of Employer Arlington County Public School Occupation Teacher Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00		Date of Receipt MM / DD / YYYY 05 / 02 / 2012 Transaction ID : SA11AI.4999 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date		Date of Receipt MM / DD / YYYY Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date		Date of Receipt MM / DD / YYYY Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....		250.00 18851.73

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 43

(check only one)

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

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NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)
THOMAS MORE CONFERENCE PAC

A. Mailing Address **PO BOX 2135**

City State Zip Code
CEDAR HILL TX 75106

FEC ID number of contributing federal political committee. **C C00472639**

Name of Employer Occupation

Receipt For: 2012
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

MM / DD / YYYY
04 / 02 / 2012

Transaction ID : SA11C.5090

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

250.00

250.00

12020410186

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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Robert G Allen

Mailing Address 9300 Forest Point Center

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Compensation for Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4823

Full Name (Last, First, Middle Initial)

B. Robert G Allen

Mailing Address 9300 Forest Point Center

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Compensation for Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4824

Full Name (Last, First, Middle Initial)

C. Robert G Allen

Mailing Address 9300 Forest Point Center

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Compensation for Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4825

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

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

9000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Robert G Allen

Mailing Address 9300 Forest Point Center

City State Zip Code
Manassas VA 20110

Purpose of Disbursement
Compensation for Political Consulting Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4826

Full Name (Last, First, Middle Initial)

B. Grassroots Solutions

Mailing Address P.O. Box 1829

City State Zip Code
Front Royal VA

Purpose of Disbursement
Mailing List

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4881

Full Name (Last, First, Middle Initial)

C. Lifenews.com

Mailing Address P.O.Box 270841

City State Zip Code
Fort Collins CO

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2012

Amount of Each Disbursement this Period

380.00

Transaction ID : SB17.4867

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

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

3730.00

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

Use separate schedule(s)
for each category of the
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Michael Prunty

Mailing Address 102 Choppokes Turn

City Yorktown State VA Zip Code 23693

Purpose of Disbursement
Reimbursement for local Travel/Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Amount of Each Disbursement this Period

291.43

Transaction ID : SB17.4829

Full Name (Last, First, Middle Initial)

B. Michael Prunty

Mailing Address 102 Choppokes Turn

City Yorktown State VA Zip Code 23693

Purpose of Disbursement
Reimbursement for Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Amount of Each Disbursement this Period

2.93

Transaction ID : SB17.4874

Full Name (Last, First, Middle Initial)

c. Michael Prunty

Mailing Address 102 Choppokes Turn

City Yorktown State VA Zip Code 23693

Purpose of Disbursement
Reimbursement for Postage

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Amount of Each Disbursement this Period

5.20

Transaction ID : SB17.4875

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

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

299.56

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

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

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(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Louis F Sette

Mailing Address 401 Spring Lake Road

City State Zip Code
Forest VA 24551

Purpose of Disbursement
In-kind - the News Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Amount of Each Disbursement this Period

315.00

Transaction ID : SB17.5085

Full Name (Last, First, Middle Initial)

B. Louis F Sette

Mailing Address 401 Spring Lake Road

City State Zip Code
Forest VA 24551

Purpose of Disbursement
In-kind - Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Amount of Each Disbursement this Period

39.98

Transaction ID : SB17.5083

Full Name (Last, First, Middle Initial)

c. Louis F Sette

Mailing Address 401 Spring Lake Road

City State Zip Code
Forest VA 24551

Purpose of Disbursement
In-kind - Newspaper Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2012

Amount of Each Disbursement this Period

105.00

Transaction ID : SB17.5084

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

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

459.98

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Louis F Sette

Mailing Address 401 Spring Lake Road

City State Zip Code
Forest VA 24551

Purpose of Disbursement
In-kind - Wingate Hotel Meeting Room

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Amount of Each Disbursement this Period

183.75

Transaction ID : SB17.5086

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2012

Amount of Each Disbursement this Period

104.66

Transaction ID : SB17.4833

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2012

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4834

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

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

289.44

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2012

Amount of Each Disbursement this Period

11.67

Transaction ID : SB17.4835

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2012

Amount of Each Disbursement this Period

0.88

Transaction ID : SB17.4836

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 14 / 2012

Amount of Each Disbursement this Period

2.78

Transaction ID : SB17.4837

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

15.33

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2012

Amount of Each Disbursement this Period

7.01

Transaction ID : SB17.4838

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2012

Amount of Each Disbursement this Period

23.39

Transaction ID : SB17.4839

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2012

Amount of Each Disbursement this Period

13.41

Transaction ID : SB17.4840

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

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

43.81

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2012

Amount of Each Disbursement this Period

12.98

Transaction ID : SB17.4841

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2012

Amount of Each Disbursement this Period

0.74

Transaction ID : SB17.4843

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2012

Amount of Each Disbursement this Period

4.23

Transaction ID : SB17.4842

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

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

17.95

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2012

Amount of Each Disbursement this Period

17.58

Transaction ID : SB17.4845

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2012

Amount of Each Disbursement this Period

3.50

Transaction ID : SB17.4846

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2012

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.4847

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

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

35.88

**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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☒ 17 ☐ 18 ☐ 19a ☐ 19b
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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Amount of Each Disbursement this Period

12.08

Transaction ID : SB17.4848

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2012

Amount of Each Disbursement this Period

18.30

Transaction ID : SB17.4849

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2012

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4850

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

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

32.13

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2012

Amount of Each Disbursement this Period

11.76

Transaction ID : SB17.4852

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2012

Amount of Each Disbursement this Period

12.83

Transaction ID : SB17.4855

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4851

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

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

25.62

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

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

FOR LINE NUMBER:
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PAGE 30 OF 43

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2012

Amount of Each Disbursement this Period

4.95

Transaction ID : SB17.4856

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Amount of Each Disbursement this Period

16.83

Transaction ID : SB17.4857

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4854

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

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

22.81

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2012

Amount of Each Disbursement this Period

17.46

Transaction ID : SB17.4858

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2012

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.4859

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2012

Amount of Each Disbursement this Period

5.98

Transaction ID : SB17.4861

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

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

26.64

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2012

Amount of Each Disbursement this Period

6.10

Transaction ID : SB17.4862

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2012

Amount of Each Disbursement this Period

2.06

Transaction ID : SB17.4853

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2012

Amount of Each Disbursement this Period

1.75

Transaction ID : SB17.4860

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

9.91

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 15 / 2012

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.4863

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 16 / 2012

Amount of Each Disbursement this Period

4.23

Transaction ID : SB17.4864

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 17 / 2012

Amount of Each Disbursement this Period

2.78

Transaction ID : SB17.5064

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

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

8.04

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2012

Amount of Each Disbursement this Period

8.15

Transaction ID : SB17.5065

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Amount of Each Disbursement this Period

32.50

Transaction ID : SB17.4844

Full Name (Last, First, Middle Initial)

C. Stripe, Inc.

Mailing Address 140 Second Street

City State Zip Code
San Francisco CA 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2012

Amount of Each Disbursement this Period

1.03

Transaction ID : SB17.5063

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

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

41.68

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

Full Name (Last, First, Middle Initial)

A. Stripe, Inc.

Mailing Address 140 Second Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2012

Amount of Each Disbursement this Period

9.30

Transaction ID : SB17.5066

Full Name (Last, First, Middle Initial)

B. Stripe, Inc.

Mailing Address 140 Second Street

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Credit Card Processing Fees/Merchant Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2012

Amount of Each Disbursement this Period

18.33

Transaction ID : SB17.5067

Full Name (Last, First, Middle Initial)

C. William J. Olson, P.C.

Mailing Address 370 Maple Avenue West

City Vienna State VA Zip Code 22180

Purpose of Disbursement
Legal Fees - Incorporation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Amount of Each Disbursement this Period

598.52

Transaction ID : SB17.4876

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

626.15

14684.93

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 43

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

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
BOB MARSHALL FOR SENATE, INC.

Transaction ID : SC/10.4316

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Robert Marshall

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
7930 Willow Pond Court

City State ZIP Code
Manassas VA 20111

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 02

D 04

Y 2012

M M

D D

Y NONE

0.00

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
NONE

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

0.00

Transaction ID : SC/10.4316.0.SC2

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

10000.00

TOTALS This Period (last page in this line only) ▶

10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 43

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Advertising Expenses to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

330.00

Transaction ID : SD10.4500

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

330.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Campaign Materials Expenses to be
reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

1025.86

Transaction ID : SD10.4509

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1025.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Internet/Email Expenses to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

507.54

Transaction ID : SD10.4510

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

507.54

1) SUBTOTALS This Period This Page (optional)

1863.40

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

10000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

10000.00

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 38 OF 43

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Meals Expenses to be reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

160.21

Transaction ID : SD10.4511

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

160.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Office Supplies Expense to be reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

4281.53

Transaction ID : SD10.4512

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4281.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Postage Expense to be reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

2267.11

Transaction ID : SD10.4513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2267.11

1) SUBTOTALS This Period This Page (optional)

6708.85

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

10000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

10000.00

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 39 OF 43

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Telephone Expense to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

304.56

Transaction ID : SD10.4514

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

304.56

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Travel/Gas Expense to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

187.73

Transaction ID : SD10.4515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

187.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Office Equipment Expense to be reimbursed
on personal credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

2834.70

Transaction ID : SD10.4516

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2834.70

1) SUBTOTALS This Period This Page (optional)

3326.99

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

10000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

10000.00

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 40 OF 43

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Meal Expenses to be reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5068

Amount Incurred This Period

53.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

53.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Travel expenses to be reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5069

Amount Incurred This Period

1556.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

1556.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Office Supplies expenses to be reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City
Manassas

State
VA

Zip Code
20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5070

Amount Incurred This Period

2207.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

2207.83

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

3817.78

10000.00

10000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 41 OF 43

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Computer & Internet expenses to be
reimbursed on personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5071

Amount Incurred This Period

740.36

Payment This Period

0.00

Outstanding Balance at Close of This Period

740.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Book expenses to be reimbursed on personal
credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5072

Amount Incurred This Period

147.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

147.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Phone expenses to be reimbursed on personal
credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5073

Amount Incurred This Period

249.84

Payment This Period

0.00

Outstanding Balance at Close of This Period

249.84

1) SUBTOTALS This Period This Page (optional)

1138.15

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

10000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

10000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 42 OF 43

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Postage expenses to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5074

Amount Incurred This Period

962.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

962.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Printing expenses to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5075

Amount Incurred This Period

987.46

Payment This Period

0.00

Outstanding Balance at Close of This Period

987.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Advertising expenses to be reimbursed on
personal credit cards

Mailing Address 7930 Willow Pond Court

City

State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5076

Amount Incurred This Period

97.77

Payment This Period

0.00

Outstanding Balance at Close of This Period

97.77

1) SUBTOTALS This Period This Page (optional)

2047.23

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

10000.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

10000.00

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE 43 OF 43

FOR LINE NUMBER:
 (check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

BOB MARSHALL FOR SENATE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Robert Marshall

Nature of Debt (Purpose):

Mailing List expense to be reimbursed on
 personal credit cards

Mailing Address 7930 Willow Pond Court

City State

Zip Code

Manassas

VA

20111

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5077

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

250.00

2) **TOTALS** This Period (last page this line number only)

19152.40

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

10000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

29152.40



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Date of Receipt or Postmark

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