

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
Bob Goodlatte for Congress Committee

ADDRESS (number and street) P.O. Box 292  
 Check if different than previously reported. (ACC)  
Roanoke VA 24002

2. **FEC IDENTIFICATION NUMBER** C00257956  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
VA 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 04 01 2007 through 06 30 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 Kenneth L. Prickitt

Signature of Treasurer Electronically Filed by Kenneth L. Prickitt Date 11 09 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

Bob Goodlatte for Congress Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	143922.74	331676.74
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	143922.74	331176.74
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	65640.18	195285.87
(b) Total Offsets to Operating Expenditures (from Line 14).....	238.00	238.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	65402.18	195047.87
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1388300.30	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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  
 Bob Goodlatte for Congress Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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).....

63250.00

145450.00

(ii) Unitemized.....

4647.00

20001.00

(iii) TOTAL of contributions

67897.00

165451.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

76025.74

166225.74

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

143922.74

331676.74

(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.).....

238.00

238.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

11151.30

28529.53

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

155312.04

360444.27

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	65640.18	195285.87
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS.....	11000.00	64250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76640.18	260035.87

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1309628.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	155312.04
25. SUBTOTAL (add Line 23 and Line 24).....	1464940.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76640.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1388300.30

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>
Robert W. Goodlatte		H2VA06115
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>
Bob Goodlatte for Congress Committee		C C00257956
<b>Committee Address</b>		
P.O. Box 292		
<b>City</b>	<b>State</b>	<b>ZIP</b>
Roanoke	VA	24002-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	358144.27	2300.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	358144.27	2300.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 87
	(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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Am. Veterinary Medical Association

Mailing Address 1101 Vermont Avenue NW, Suite 710

City State Zip Code  
Washington DC 20005-3521

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation  
American Veterinary Med. Assoc

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  
06 / 29 / 2007

**Transaction ID:** 70709.C24851

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)  
Amazon.Com Separate Segregated Fund

Mailing Address 126 C Street, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00360354

Name of Employer Occupation  
Amazon.com

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  
06 / 07 / 2007

**Transaction ID:** 70709.C24733

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)  
American Chemistry Council PAC

Mailing Address 1300 Wilson Boulevard

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

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  
06 / 18 / 2007

**Transaction ID:** 70709.C24809

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** American Crystal Sugar PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 101 3rd St N

City State Zip Code  
Moorhead MN 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer American Crystal Sugar PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2007

**Transaction ID:** 70709.C24852

Amount of Each Receipt this Period  
5000.00

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

**B.** American Electric Power Committee for Re

Full Name (Last, First, Middle Initial)  
Mailing Address 801 Pennsylvania Ave. NW, Suite 32

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer American Electric Power Commit Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

**Transaction ID:** 70709.C24846

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.** American Soybean Assn PAC

Full Name (Last, First, Middle Initial)  
Mailing Address 12125 Woodcrest Executive Dr., Sui

City State Zip Code  
Saint Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer American Soybean Assn PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2007

**Transaction ID:** 70709.C24633

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
BASF Corporation Employees PAC

Mailing Address 100 Campus Dr

City State Zip Code  
Florham Park NJ 07932-1020

FEC ID number of contributing federal political committee. **C** C00340075

Name of Employer Occupation  
BASF PAC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

**Transaction ID:** 70709.C24709

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)  
Bayer Corporation PAC

Mailing Address 100 Bayer Road

City State Zip Code  
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation  
Bayer Corporation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2007

**Transaction ID:** 70709.C24773

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)  
Business Software Alliance PAC

Mailing Address 1150 18th St NW Ste 700

City State Zip Code  
Washington DC 20036-3817

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 17 / 2007

**Transaction ID:** 70709.C24663

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Cisco Systems E-PAC

Mailing Address 20 Park Road, Suite E

City State Zip Code  
Burlingame CA 94010-4443

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation  
Cisco Systems

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2007

**Transaction ID:** 70709.C24734

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Clorox Employees PAC

Mailing Address 1221 Broadway

City State Zip Code  
Oakland CA 94612

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

Name of Employer Occupation  
Clorox

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  
06 / 21 / 2007

**Transaction ID:** 70709.C24824

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)  
Coca-Cola Co. Nonpartisan Comm. for Good

Mailing Address P. O. Drawer 1734

City State Zip Code  
Atlanta GA 30301

FEC ID number of contributing federal political committee. **C** C00347989

Name of Employer Occupation  
Coca-Cola Co. Nonpartisan Comm

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  
05 / 31 / 2007

**Transaction ID:** 70709.C24696

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Corning Inc. Employees PAC

Mailing Address 325 7th St NW Ste 600

City Washington State DC Zip Code 20004-2809

FEC ID number of contributing federal political committee. **C** C00033589

Name of Employer COREPAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 14 / 2007

**Transaction ID:** 70709.C24796

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)  
CropLife America PAC

Mailing Address 1156 15th Street NW, Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer CropLife America Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2007

**Transaction ID:** 70415.C24617

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)  
CropLife America PAC

Mailing Address 1156 15th Street NW, Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer CropLife America Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2007

**Transaction ID:** 70709.C24774

Amount of Each Receipt this Period  
 3000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Dominion Political Action Committee

Mailing Address P. O. Box 26666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Dominion Resources, Inc. Comm. Occupation

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  
06 / 04 / 2007

Transaction ID: 70709.C24711

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)  
Drinker Biddle PAC

Mailing Address 105K Street NW, Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer Drinker Biddle PAC Occupation

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  
04 / 19 / 2007

Transaction ID: 70709.C24632

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)  
Ecolab Inc. PAC

Mailing Address 370 Wabasha St N

City Saint Paul State MN Zip Code 55102-1323

FEC ID number of contributing federal political committee. **C** C00101485

Name of Employer ECOLAB INC., PAC Occupation

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  
06 / 14 / 2007

Transaction ID: 70709.C24795

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Fund for A. Responsible Future

Mailing Address 7700 Old Branch Ave Ste D103

City Clinton State MD Zip Code 20735-1628

FEC ID number of contributing federal political committee. **C** C00301887

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2007

**Transaction ID:** 70709.C24770

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)  
Godaddy.Com, Inc. PAC

Mailing Address 15544 N Hayden Rd Ste 219

City Scottsdale State AZ Zip Code 85260-1922

FEC ID number of contributing federal political committee. **C** C00432328

Name of Employer Godaddy.Com, PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 03 / 2007

**Transaction ID:** 70709.C24647

Amount of Each Receipt this Period  
 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Grocery Manufacturers of America Inc PAC

Mailing Address 1350 I St NW Ste 300

City Washington State DC Zip Code 20005-3377

FEC ID number of contributing federal political committee. **C** C00250068

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2007

**Transaction ID:** 70709.C24810

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Hershey Company PAC

Mailing Address 100 Crystal A Dr

City State Zip Code  
Hershey PA 17033-9524

FEC ID number of contributing federal political committee. **C** C00200139

Name of Employer Occupation  
The Hershey Company PAC

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 5 / 3 1 / 2 0 0 7

**Transaction ID:** 70709.C24694

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)  
Hewlett-Packard Company Committee For Go

Mailing Address 3000 Hanover Street

City State Zip Code  
Palo Alto CA 94304

FEC ID number of contributing federal political committee. **C** C00196725

Name of Employer Occupation  
Hewlett Packard

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 70709.C24664

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Independent Insurance Agents of America,

Mailing Address 412 First Street SE, Suite 300

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation  
InsurePAC

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 6 / 0 4 / 2 0 0 7

**Transaction ID:** 70709.C24710

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

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

Mailing Address 1634 I St NW Ste 300

City State Zip Code  
Washington DC 20006-4021

FEC ID number of contributing federal political committee. **C** C00125641

Name of Employer Occupation  
Intel

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2007

Transaction ID: 70709.C24732

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
K & L Gates PAC

Mailing Address 1735 New York Ave NW, Suite 500

City State Zip Code  
Washington DC 20006-5215

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation  
Kirkpatrice Lockhart Pres-ton G

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: 70709.C24718

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)  
Kraft Foods Global, Inc. PAC

Mailing Address 101 Constitution Avenue NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00077701

Name of Employer Occupation  
Kraft Foods, Inc. PAC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: 70709.C24697

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Land OLakes PAC

Mailing Address P. O. Box 64101

City State Zip Code  
Saint Paul MN 55164

FEC ID number of contributing federal political committee. **C** C00009423

Name of Employer Land OLakes PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 14 / 2007

Transaction ID: 70709.C24794

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)  
Lorghorn PAC

Mailing Address 7315 Wisconsin Ave Ste 705

City State Zip Code  
Bethesda MD 20814-3202

FEC ID number of contributing federal political committee. **C** C00402602

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 25.74

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 24 / 2007

Transaction ID: 70711.C24867

Amount of Each Receipt this Period  
25.74

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

**C.** Full Name (Last, First, Middle Initial)  
McGuire Woods Federal PAC

Mailing Address 1 James Center  
901 East Cary Street

City State Zip Code  
Richmond VA 23219-4030

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

Name of Employer McGuire Woods Battle and Booth Occupation

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  
04 / 19 / 2007

Transaction ID: 70709.C24631

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2025.74
<b>TOTAL</b> 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 16 / 87
	(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)  
**Bob Goodlatte for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
 Motion Picture Association PAC

Mailing Address **1600 Eye Street, NW**

City **Washington** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00139519**

Name of Employer **Motion Picture Assoc PAC** Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 12 / 2007**

**Transaction ID: 70709.C24781**

Amount of Each Receipt this Period  
**1500.00**

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

**B.** Full Name (Last, First, Middle Initial)  
 National Association of Broadcasters PAC

Mailing Address **1771 N St NW**

City **Washington** State **DC** Zip Code **20036-2800**

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

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  
**05 / 17 / 2007**

**Transaction ID: 70709.C24662**

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)  
 National Cattlemens Association PAC

Mailing Address **9110 E. Nicholas Avenue**

City **Centennial** State **CO** Zip Code **80112**

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer **National Cattlemens Associati** Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 10 / 2007**

**Transaction ID: 70709.C24656**

Amount of Each Receipt this Period  
**2500.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5000.00**

**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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Council of Farmer Coop. CO-OP/P

Mailing Address 50 F Street, NW 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002238

Name of Employer National Council of Farmer Coo Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 70709.C24655

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)  
National Farmers Union PAC

Mailing Address 5619 DTC Parkway, Suite 300

City Englewood State CO Zip Code 80111-3136

FEC ID number of contributing federal political committee. **C** C00151019

Name of Employer Natl Farmers Union PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 70709.C24654

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)  
National Restaurant Association PAC

Mailing Address 1200 17th Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer National Restaurant Assoc-atio Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70709.C24712

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 18 / 87
	(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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
National Turkey Federaton PAC

Mailing Address 1225 New York Avenue NW 400

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00076182

Name of Employer National Turkey Federaton PAC Occupation

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 4 / 1 9 / 2 0 0 7

Transaction ID: 70709.C24630

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)  
NBWA PAC

Mailing Address 1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer National Beer Wholesalers Asso Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 7

Transaction ID: 70709.C24634

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
News America Holdings Inc. FOX PAC

Mailing Address 444 N Capitol St NW Ste 740

City State Zip Code  
Washington DC 20001-1512

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer FOXPAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70709.C24713

Amount of Each Receipt this Period  
1500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 19 / 87
	(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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
NRA Political Victory Fund

Mailing Address 11250 Waples Mill Rd

City State Zip Code  
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation  
NRA Political Victory Fund

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

**Transaction ID:** 70709.C24675

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)  
Pitney Bowes Inc. PAC

Mailing Address 409 Twelfth Street, Suite 701

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00367789

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 70709.C24847

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)  
Recording Industry Assoc Of America PAC

Mailing Address 1330 Connecticut Ave. NW, Suite 30

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00009357

Name of Employer Occupation  
Recording Industry Assoc. of A

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 70709.C24779

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> 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 20 / 87
	(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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
S. C. Johnson & Son, Inc. PAC

Mailing Address 1133 Connecticut Avenue NW, Suite

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00342246

Name of Employer Occupation  
SCJ PAC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

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

**Transaction ID:** 70709.C24695

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)  
S. C. Johnson & Son, Inc. PAC

Mailing Address 1133 Connecticut Avenue NW, Suite

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00342246

Name of Employer Occupation  
SCJ PAC

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

**Transaction ID:** 70709.C24769

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)  
SAFE PAC

Mailing Address 5918 Stoneridge Mall Road

City State Zip Code  
Pleasanton CA 94588-3229

FEC ID number of contributing federal political committee. **C** C00194084

Name of Employer Occupation  
Safeway Incorporated

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

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

**Transaction ID:** 70709.C24665

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Sony Pictures Entertainment, Inc. PAC

Mailing Address 10202 W. Washington Blvd 3014

City State Zip Code  
Culver City CA 90232

FEC ID number of contributing federal political committee. **C** C00282038

Name of Employer Sony Pictures Entertainment, I Occupation  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

**Transaction ID:** 70709.C24714

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Step toe & Johnson PAC

Mailing Address 1330 Connecticut Avenue SW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
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 6 / 1 2 / 2 0 0 7

**Transaction ID:** 70709.C24772

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)  
Sun Microsystems Inc. PAC

Mailing Address 20 Park Road Suite E.

City State Zip Code  
Burlingame CA 94010

FEC ID number of contributing federal political committee. **C** C00347229

Name of Employer Sun Microsystems Occupation  
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 5 / 0 3 / 2 0 0 7

**Transaction ID:** 70709.C24646

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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 22 / 87
	(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

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 Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Suntrust Bank Good Govt.Group

Mailing Address P. O. Box 26665

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00009639

Name of Employer Suntrust Bank Good Govt Fund Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2007

Transaction ID: 70709.C24831

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)  
Syngenta Corporation PAC

Mailing Address 2 Righter Parkway

City Wilmington State DE Zip Code 19850

FEC ID number of contributing federal political committee. **C** C00363945

Name of Employer Syngenta Corporation PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2007

Transaction ID: 70709.C24771

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)  
Texas Instruments Inc.

Mailing Address PO Box 853912

City Richardson State TX Zip Code 75085-3912

FEC ID number of contributing federal political committee. **C** C00007070

Name of Employer Empty Occupation Empty

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: 70709.C24717

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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 / 87
	<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	

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 Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
The ASCAP Legislative Fund for the Arts

Mailing Address 1 Lincoln Plaza

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. **C** C00228296

Name of Employer  
The ASCAP Legislative Fund for

Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2007

**Transaction ID:** 70709.C24780

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Time Warner, Inc. PAC

Mailing Address 800 Connecticut Avenue NW, Suite 2

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00339291

Name of Employer  
Time Warner, Inc. PAC

Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 24 / 2007

**Transaction ID:** 70709.C24674

Amount of Each Receipt this Period  
1500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Universal Music Group PAC

Mailing Address PO Box 560519

City State Zip Code  
Charlotte NC 28256-0519

FEC ID number of contributing federal political committee. **C** C00392464

Name of Employer  
Universal Music Grp. PAC

Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2007

**Transaction ID:** 70709.C24811

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> 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 24 / 87
	(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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Wal-Mart Stores Inc. PAC

Mailing Address 702 SW Eighth Street

City Bentonville State AR Zip Code 72716-9313

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer WAL-PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	7

Transaction ID: 70709.C24832

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	76025.74



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 25 / 87</span> (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 Goodlatte for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
 Anthony Anderson

Mailing Address PO Box 1525

City State Zip Code  
 Roanoke VA 24007-1525

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

Name of Employer Occupation  
 Anderson & Friedman 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  
 06 / 11 / 2007

**Transaction ID: 70709.C24765**

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)  
 Robert Archer

Mailing Address 401 High St

City State Zip Code  
 Salem VA 24153-3945

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

Name of Employer Occupation  
 Blue Ridge Beverage President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 22 / 2007

**Transaction ID: 70709.C24830**

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)  
 F. Jackson Ballenger

Mailing Address 3136 Somerset St SW

City State Zip Code  
 Roanoke VA 24014-3126

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

Name of Employer Occupation  
 Valley Nephrology, Inc. Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 24 / 2007

**Transaction ID: 70709.C24667**

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Inez Barber

Mailing Address 1219 Keffield St

City State Zip Code  
Roanoke VA 24019-4417

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2007

Transaction ID: 70709.C24652

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)  
Inez Barber

Mailing Address 1219 Keffield St

City State Zip Code  
Roanoke VA 24019-4417

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2007

Transaction ID: 70709.C24723

Amount of Each Receipt this Period  
200.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles Barger

Mailing Address P. O. Box 778

City State Zip Code  
Lexington VA 24450

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

Name of Employer C.W. Barger & Son Occupation Contractor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2007

Transaction ID: 70709.C24850

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	700.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Thaddeus Beck

Mailing Address 320 Old Oaks Ln

City Glasgow State VA Zip Code 24555-2299

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

Transaction ID: 70709.C24684

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)  
Jennifer Bendall

Mailing Address Bartlett & Bendall, LLC  
1401 Eye Street NW, Suite 1220

City Washington State DC Zip Code 20005

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

Name of Employer Bartlett and Bendall Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2007

Transaction ID: 70709.C24777

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)  
Kay G. Blum

Mailing Address 5320 Silver Fox Rd

City Roanoke State VA Zip Code 24018-8741

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: 70709.C24764

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>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> 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 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Len Boone

Mailing Address P. O. Box 8156

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Occupation  
Boone Homes Inc. Builder/Developer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: 70709.C24701

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)  
Abney Boxley

Mailing Address 416 S. Jefferson Street, Suite 803

City State Zip Code  
Roanoke VA 24011

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

Name of Employer Occupation  
Boxley Material Co. President & CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: 70709.C24706

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)  
Frank Boxley

Mailing Address 3380 Peakwood Drive

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Occupation  
n/a 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  
06 / 07 / 2007

Transaction ID: 70709.C24725

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) ..... ▶ **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 29 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Henry J. Brabham

Mailing Address 1178 Rudy Court

City State Zip Code  
Goodview VA 24095

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: 70709.C24685

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)  
Tom Brock

Mailing Address 5434 Peregrine Crest Circle

City State Zip Code  
Roanoke VA 24014

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: 70709.C24843

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)  
W.W. Sam Butler

Mailing Address 858 Wildwood Road

City State Zip Code  
Roanoke VA 24014

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

Name of Employer VA Premier Health Plan 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 Y  
0 4 / 1 2 / 2 0 0 7

Transaction ID: 70415.C24613

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 30 / 87
	<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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Kershi Cambata		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address Bath Alum 499 Bath Alum Drive		Transaction ID: 70709.C24683	
City Millboro State VA Zip Code 24460-9530		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Cambata Aviation, S.A. Occupation Executive		Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00			

Full Name (Last, First, Middle Initial) <b>B.</b> H. St. G. Tucker Carmichael		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address 619 Stonewall Street		Transaction ID: 70405.C24597	
City Lexington State VA Zip Code 24450		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation Attorney		Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 200.00			

Full Name (Last, First, Middle Initial) <b>C.</b> H. St. G. Tucker Carmichael		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 619 Stonewall Street		Transaction ID: 70709.C24790	
City Lexington State VA Zip Code 24450		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self Occupation Attorney		Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 450.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2450.00
<b>TOTAL</b> 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 31 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
George Cartledge, Jr.

Mailing Address 3101 Somerset Street, SW

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Occupation  
Furniture Retailer Grand Home Furnishings

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  
06 / 07 / 2007

Transaction ID: 70709.C24727

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)  
Chris Caveness

Mailing Address 5051 Twelve oclock Road

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Occupation  
Health & Welfare Benefit Sys. President

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  
06 / 27 / 2007

Transaction ID: 70709.C24839

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)  
Bruce Chizen

Mailing Address 345 Park Ave

City State Zip Code  
San Jose CA 95110-2704

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

Name of Employer Occupation  
Adobe 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 Y  
06 / 12 / 2007

Transaction ID: 70709.C24775

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 32 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Edward Clark

Mailing Address 5352 Cloverdale Rd

City State Zip Code  
Roanoke VA 24019-8079

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

Name of Employer Occupation  
Afton Communications Corp. Owner

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

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 70709.C24666

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)  
E. H. Connelly

Mailing Address 3772 Kenwick Trl

City State Zip Code  
Roanoke VA 24018-4944

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

Name of Employer Occupation  
Landscape Supply President

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

500.00

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

Transaction ID: 70709.C24767

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)  
William Cooper, Iii

Mailing Address 115 Cooper Classics Ln

City State Zip Code  
Rocky Mount VA 24151-2754

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

Name of Employer Occupation  
Cooper Classics in Wood President & CEO

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

Transaction ID: 70709.C24702

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 33 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Sandra Cupp Davis

Mailing Address P. O. Box 986

City State Zip Code  
Blacksburg VA 24063

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

Name of Employer  
BCR Real Estate

Occupation  
Owner/Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

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

Transaction ID: 70709.C24645

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)  
Sandra Cupp Davis

Mailing Address P. O. Box 986

City State Zip Code  
Blacksburg VA 24063

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

Name of Employer  
BCR Real Estate

Occupation  
Owner/Realtor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: 70709.C24700

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)  
John Delaney

Mailing Address 3260 Somerset Street

City State Zip Code  
Roanoke VA 24014

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

Name of Employer  
ACV, Inc.

Occupation  
Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2007

Transaction ID: 70709.C24629

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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 34 / 87
	<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)  
**Bob Goodlatte for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Wade Douthat</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	7		2	0	0	7													
Mailing Address <b>2920 Nicholas Ave NE</b>		<b>Transaction ID: 70709.C24724</b>																				
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24012-5618</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>																				
Name of Employer <b>Alleghany Construction</b>	Occupation <b>Contractor</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: <b>2008</b>	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>500.00</b>																					
<input type="checkbox"/> Other (specify) ▼																						

Full Name (Last, First, Middle Initial) <b>B. Richard Dudley</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	8		2	0	0	7													
Mailing Address <b>7696 Old Mill Forest Drive SW</b>		<b>Transaction ID: 70709.C24808</b>																				
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24018</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>																				
Name of Employer <b>J.w. Burruss, Inc.</b>	Occupation <b>President &amp; CEO</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: <b>2008</b>	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>500.00</b>																					
<input type="checkbox"/> Other (specify) ▼																						

Full Name (Last, First, Middle Initial) <b>C. Beth Durham</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	4		2	0	0	7													
Mailing Address <b>2954 Lockridge Road</b>		<b>Transaction ID: 70709.C24673</b>																				
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24014</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>																				
Name of Employer <b>N / A</b>	Occupation <b>Homemaker</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: <b>2008</b>	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<b>250.00</b>																					
<input type="checkbox"/> Other (specify) ▼																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 35 / 87
	<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)  
**Bob Goodlatte for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
 Kevin Dye

Mailing Address 1801 Prospect Rd SE

City State Zip Code  
 Roanoke VA 24014-2500

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

Name of Employer Occupation  
 Self-employed Physician

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  
 06 / 11 / 2007

**Transaction ID: 70709.C24755**

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)  
 Kelly Ellis

Mailing Address 2731 Jefferson Street SW

City State Zip Code  
 Roanoke VA 24014-3317

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

Name of Employer Occupation  
 Xcellos Corporation Secretary/treasurer

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  
 06 / 04 / 2007

**Transaction ID: 70709.C24699**

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)  
 Michael Engelhardt

Mailing Address 8103 Falstaff Road

City State Zip Code  
 Mc Lean VA 22102

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

Name of Employer Occupation  
 Adobe Systems Inc. Sr. Director Public Policy

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  
 06 / 12 / 2007

**Transaction ID: 70709.C24776**

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 36 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David Farnum

Mailing Address 4626 Mill View Ct

City State Zip Code  
Roanoke VA 24018-3100

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

Name of Employer self Occupation  
self Attorney/Investment Mgr

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70709.C24678

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)  
Raphael Ferris

Mailing Address 2051 Lee Hi Rd SW

City State Zip Code  
Roanoke VA 24018-2129

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

Name of Employer self Occupation  
Ferris Eakin & Thhomas PL Attorney

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 6 / 2 1 / 2 0 0 7

Transaction ID: 70709.C24821

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)  
Victor Foti

Mailing Address 4909 Buckhorn Road

City State Zip Code  
Roanoke VA 24014

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

Name of Employer self Occupation  
self CPA

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 0 7

Transaction ID: 70709.C24791

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) ..... ► **1500.00**

**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 37 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Walter Franke

Mailing Address 421 Homeplace Dr

City State Zip Code  
Salem VA 24153-7158

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: 70709.C24680

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)  
Spencer Frantz

Mailing Address 1581 Dunrovin Ln

City State Zip Code  
Salem VA 24153-1711

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

Name of Employer Graham-White Manufacturing Occupation President

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 5 / 2 9 / 2 0 0 7

Transaction ID: 70709.C24682

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)  
Elizabeth Frazee

Mailing Address 6313 Evermay Drive

City State Zip Code  
Mc Lean VA 22101-2309

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

Name of Employer Frazee Associates Occupation President

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 6 / 1 2 / 2 0 0 7

Transaction ID: 70709.C24778

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 38 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Miriam Gallagher

Mailing Address 5635 Village Way

City State Zip Code  
Roanoke VA 24018-8753

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: 70709.C24690

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)  
David Goode

Mailing Address 7301 Woodway Lane

City State Zip Code  
Norfolk VA 23505

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: 70709.C24708

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)  
Rebecca Gould

Mailing Address 4216 Silverwood Lane

City State Zip Code  
Bethesda MD 20816

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

Name of Employer Dell Occupation VP Public Policy/Govt Relation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: 70709.C24716

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) ..... ► 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 39 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Sharon Grandle

Mailing Address 8575 Beacon Hill Rd

City Harrisonburg State VA Zip Code 22802-1518

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

Name of Employer DHS-FEMA Occupation Info Security Specialist

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2007

Transaction ID: 70709.C24813

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)  
Kent Greenawalt

Mailing Address 6935 Suncrest Drive

City Roanoke State VA Zip Code 24014

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

Name of Employer Foot Levelers, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: 70709.C24691

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 Gullickson

Mailing Address 109 Interlachen Rd

City Hopkins State MN Zip Code 55343-8523

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

Name of Employer MGK Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2007

Transaction ID: 70709.C24768

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> 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 40 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Margaret C. Haley

Mailing Address 2311 Broadway Ave SW Apt D

City State Zip Code  
Roanoke VA 24014-1666

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

Name of Employer N/A Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: 70709.C24754

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)  
Leon Harris

Mailing Address 4943 Fox Ridge Rd

City State Zip Code  
Roanoke VA 24018-8714

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

Name of Employer Keltech Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

Transaction ID: 70709.C24845

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
James Hartman

Mailing Address 235 Wynnwood Lane

City State Zip Code  
Harrisonburg VA 22802

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

Name of Employer Truck Enterprises, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 05 / 2007

Transaction ID: 70405.C24598

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) ..... ▶ **2750.00**

**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 41 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Eddie Hearp

Mailing Address 6215 Hidden Valley Drive

City State Zip Code  
Roanoke VA 24018

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

Name of Employer  
National Financial S

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2007

Transaction ID: 70709.C24841

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)  
Bruce Heiman

Mailing Address 9512 Brooke Drive

City State Zip Code  
Bethesda MD 20817

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

Name of Employer  
Information Requested

Occupation  
Govt Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2007

Transaction ID: 70709.C24715

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)  
Yuille Holt

Mailing Address 1216 Running Cedar Way

City State Zip Code  
Lynchburg VA 24503-1963

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

Name of Employer  
Campbell Insurance

Occupation  
President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2007

Transaction ID: 70415.C24615

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 42 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Victor Iannello

Mailing Address 3870 Piney Ridge Drive

City State Zip Code  
Roanoke VA 24018

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

Name of Employer  
Synchrony, Inc. Occupation  
Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

Transaction ID: 70709.C24679

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)  
Sandra Keeler

Mailing Address 149 Lockport Court

City State Zip Code  
Moneta VA 24121

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

Name of Employer  
n/a Occupation  
Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: 70709.C24686

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)  
Mary Elizabeth Kepley

Mailing Address 2909 Morrison St SE

City State Zip Code  
Roanoke VA 24014-3403

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

Name of Employer  
self Occupation  
Interior Design

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: 70709.C24762

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) ..... ► **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 43 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Chris Kowalczyk

Mailing Address PO Box 11971

City State Zip Code  
Roanoke VA 24022-1971

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

Name of Employer self Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
06 / 11 / 2007

Transaction ID: 70709.C24756

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)  
John Lanford

Mailing Address 5300 Fox Ridge Road

City State Zip Code  
Roanoke VA 24018-8754

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
06 / 04 / 2007

Transaction ID: 70709.C24704

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)  
Stanford F. Lanford

Mailing Address 7942 Hollins Court Dr

City State Zip Code  
Roanoke VA 24019-4427

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
05 / 29 / 2007

Transaction ID: 70709.C24681

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 44 / 87
	<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)  
Bob Goodlatte for Congress Committee

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

Mailing Address 160 - 27th Street

City State Zip Code  
Roanoke VA 24014-3366

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

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

Transaction ID: 70709.C24693

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)  
Roger Litwiller

Mailing Address 3001 Burnleigh Road, SW

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Anesthesiology Consultants Occupation Physician

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 5 / 2 9 / 2 0 0 7

Transaction ID: 70709.C24677

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)  
George Logan

Mailing Address P. O. Box 99

City State Zip Code  
Earlsville VA 22936

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

Name of Employer self Occupation Private 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 4 / 2 6 / 2 0 0 7

Transaction ID: 70709.C24641

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4550.00
<b>TOTAL</b> 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 45 / 87
	<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)  
Bob Goodlatte for Congress Committee

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

Mailing Address 7223 Old Mountain Road

City State Zip Code  
Roanoke VA 24019

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

Name of Employer Natl College of Bus & Tech  
Occupation President

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 5 / 3 1 / 2 0 0 7

Transaction ID: 70709.C24689

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)  
Thomas Mahoney

Mailing Address 6505 Winter Dr

City State Zip Code  
Boones Mill VA 24065-2207

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

Name of Employer Norfolk Southern Cor  
Occupation Accountant

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 6 / 1 1 / 2 0 0 7

Transaction ID: 70709.C24761

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)  
William Martin

Mailing Address 1206 Mulberry Rd

City State Zip Code  
Martinsville VA 24112-5510

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

Name of Employer Blue Ridge Aquaculture  
Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID: 70709.C24844

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> 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 46 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ted Melnik

Mailing Address 5327 Silver Fox Rd

City State Zip Code  
Roanoke VA 24018-8742

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

Name of Employer Occupation  
Novozymes President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: 70709.C24698

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)  
S. D. Moore

Mailing Address P. O. Box 40013

City State Zip Code  
Roanoke VA 24038

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

Name of Employer Occupation  
Gentry Locke Rakes & Moore Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: 70709.C24692

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)  
Eileen Moyer

Mailing Address 155 Gladstone Dr

City State Zip Code  
Parsippany NJ 07054-3419

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

Name of Employer Occupation  
Reckitt Benekiser Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2007

Transaction ID: 70709.C24766

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 47 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Gilbert Nelson

Mailing Address 1118 Barnacle Dr

City State Zip Code  
Moneta VA 24121-2064

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2007

Transaction ID: 70709.C24812

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 Poff

Mailing Address 3556 Wellington Dr SE

City State Zip Code  
Roanoke VA 24014-6467

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

Name of Employer Woods, Rogers & Hazelgrov 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  
05 / 24 / 2007

Transaction ID: 70709.C24669

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)  
Bittle Porterfield

Mailing Address 30 Franklin Rd SW Ste 504

City State Zip Code  
Roanoke VA 24011-2404

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

Name of Employer Rice Management Co. Occupation Private Investr

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  
06 / 21 / 2007

Transaction ID: 70709.C24822

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> 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 48 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
John Rader

Mailing Address 8500 Lee Highway, North

City State Zip Code  
Troutville VA 24175

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: 70709.C24687

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)  
Gary Rappaport

Mailing Address 1700 Dove Point Ct

City State Zip Code  
Vienna VA 22182-1871

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

Name of Employer The Rappaport Companies Occupation President

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 6 / 1 1 / 2 0 0 7

Transaction ID: 70709.C24763

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)  
Andrew Roberts

Mailing Address PO Box 8002

City State Zip Code  
Roanoke VA 24014-0002

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

Name of Employer self Occupation Real Estate

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 6 / 2 7 / 2 0 0 7

Transaction ID: 70709.C24842

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 49 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Sydney Shaftman

Mailing Address 5015 Crossbow Circle

City State Zip Code  
Roanoke VA 24014-4880

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: 70709.C24688

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)  
Thomas Sheets

Mailing Address 1087 Hermitage Road

City State Zip Code  
Staunton VA 24401-6511

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

Name of Employer Blue Ridge Timber, Inc. Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2007

Transaction ID: 70415.C24616

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)  
Phillip Short

Mailing Address 639 Boon Street

City State Zip Code  
Salem VA 24153

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

Name of Employer P.A. Short Distributing Co. Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2007

Transaction ID: 70709.C24705

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 50 / 87
	<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)  
Bob Goodlatte for Congress Committee

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

Mailing Address 415 Canterbury Lane

City State Zip Code  
Roanoke VA 24014

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2007

Transaction ID: 70709.C24792

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)  
Garnett Smith

Mailing Address 1994 Merriman Way

City State Zip Code  
Moneta VA 24121

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2007

Transaction ID: 70709.C24793

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)  
Fletcher Smoak

Mailing Address 2611 Crystal Spring Avenue

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Old Va Brick Co Occupation Chairman/CEO

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

Transaction ID: 70709.C24840

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) ..... ▶

# 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 51 / 87
	<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)  
**Bob Goodlatte for Congress Committee**

<b>A.</b> Full Name (Last, First, Middle Initial) George Steadman		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2007	
Mailing Address 45 Cardinal Rd SW		<b>Transaction ID:</b> 70709.C24823	
City State Zip Code Roanoke VA 24014-3309		Amount of Each Receipt this Period 1000.00	
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 Occupation Thomas Rutherford, Inc. Insurance sales			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Orion A. Templeton		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address 1233 Doulton Cir		<b>Transaction ID:</b> 70709.C24653	
City State Zip Code Lynchburg VA 24503-3802		Amount of Each Receipt this Period 300.00	
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 Occupation self Investor			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Glenn Thornhill		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 248 Lewis Avenue		<b>Transaction ID:</b> 70709.C24731	
City State Zip Code Salem VA 24153		Amount of Each Receipt this Period 2000.00	
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 Occupation n/a Retired			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3300.00
<b>TOTAL</b> 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 52 / 87
	<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)  
Bob Goodlatte for Congress Committee

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

Mailing Address 135 Ferrum Drive

City State Zip Code  
Salem VA 24153

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

Name of Employer Occupation  
Lewis-Gale Medical Center 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 4 / 2 6 / 2 0 0 7

Transaction ID: 70709.C24640

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)  
Kenneth Tuck

Mailing Address 3320 Franklin Road SW

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Occupation  
Vistar Eye Center 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 6 / 0 7 / 2 0 0 7

Transaction ID: 70709.C24726

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)  
Michael Warner

Mailing Address 4914 Buckhorn Rd

City State Zip Code  
Roanoke VA 24018-8606

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

Name of Employer Occupation  
n/a 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  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 70709.C24668

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 53 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Janice Webb

Mailing Address 7792 College View Court

City State Zip Code  
Roanoke VA 24019

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

Name of Employer Occupation  
Webbs Oil Company President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2008.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 07 / 2007

Transaction ID: 70709.C24728

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)  
Allen Woody

Mailing Address 5200 Fox Ridge Rd

City State Zip Code  
Roanoke VA 24018-8700

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

Name of Employer Occupation  
USPM Corporation President

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  
05 / 10 / 2007

Transaction ID: 70709.C24651

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)  
Elinor Wright

Mailing Address 75 Dogwood Rise

City State Zip Code  
Lexington VA 24450-5847

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

Name of Employer Occupation  
n/a Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 04 / 2007

Transaction ID: 70709.C24707

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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	63250.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 54 / 87	
	(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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Robert W. Goodlatte

Mailing Address 5341 Fox Ridge Road

City	State	Zip Code
Roanoke	VA	24018-

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

Name of Employer n/a	Occupation Information Requested
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 238.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2007

Transaction ID: 70709.C24660

Amount of Each Receipt this Period  
238.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	238.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	238.00

**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 55 / 87
	<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)  
**Bob Goodlatte for Congress Committee**

Full Name (Last, First, Middle Initial) <b>A. Member One Federal Credit Union</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007	
Mailing Address P. O. Box 12288		Transaction ID: 70710.C24862	
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24024-</b>	Amount of Each Receipt this Period 322.37
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2349.68			

Full Name (Last, First, Middle Initial) <b>B. Member One Federal Credit Union</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007	
Mailing Address P. O. Box 12288		Transaction ID: 70710.C24863	
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24024-</b>	Amount of Each Receipt this Period 334.13
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2683.81			

Full Name (Last, First, Middle Initial) <b>C. Member One Federal Credit Union</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address P. O. Box 12288		Transaction ID: 70710.C24864	
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24024-</b>	Amount of Each Receipt this Period 374.36
FEC ID number of contributing federal political committee. <b>C</b>		Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3058.17			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1030.86
<b>TOTAL</b> 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 56 / 87
	<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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2007
Mailing Address 510 S Jefferson Street		Transaction ID: 70711.C24868
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 201.26	
FEC ID number of contributing federal political committee. <b>C</b>	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Suntrust Bank Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1254.41	

Full Name (Last, First, Middle Initial) <b>B.</b> Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2007
Mailing Address 510 S Jefferson Street		Transaction ID: 70711.C24869
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 208.28	
FEC ID number of contributing federal political committee. <b>C</b>	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Suntrust Bank Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1462.69	

Full Name (Last, First, Middle Initial) <b>C.</b> Suntrust Bank		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 510 S Jefferson Street		Transaction ID: 70711.C24870
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 201.86	
FEC ID number of contributing federal political committee. <b>C</b>	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Suntrust Bank Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1664.55	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	611.40
<b>TOTAL</b> 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 57 / 87  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Wachovia (First Union)  
Mailing Address 213 S. Jefferson Street  
City State Zip Code  
Roanoke VA 24011-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
16090.47

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 7  
Transaction ID: 70710.C24856  
Amount of Each Receipt this Period  
1792.70  
Interest Received  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wachovia (First Union)  
Mailing Address 213 S. Jefferson Street  
City State Zip Code  
Roanoke VA 24011-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
21140.47

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 3 / 2 0 0 7  
Transaction ID: 70710.C24857  
Amount of Each Receipt this Period  
5050.00  
Interest Received  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Wachovia (First Union)  
Mailing Address 213 S. Jefferson Street  
City State Zip Code  
Roanoke VA 24011-  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
21392.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 6 / 2 0 0 7  
Transaction ID: 70710.C24858  
Amount of Each Receipt this Period  
252.33  
Interest Received  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7095.03**  
**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 58 / 87
	<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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
22457.19

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 31 / 2007

Transaction ID: 70710.C24859

Amount of Each Receipt this Period  
1064.39

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

**B.** Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
23515.49

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: 70710.C24860

Amount of Each Receipt this Period  
1058.30

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

**C.** Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
23806.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2007

Transaction ID: 70710.C24861

Amount of Each Receipt this Period  
291.32

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2414.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11151.30</b>

# 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. 6th District Republican Committee</b>		<b>Transaction ID: 70711.E4903</b> Date of Disbursement MM / DD / YYYY 05 / 03 / 2007
Mailing Address 5115 Burnt Quarter Drive		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Vinton State VA Zip Code 24179-	Purpose of Disbursement 6TH DISTRICT GALA SPONSOR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	6TH DISTRICT GALA SPONSOR

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		<b>Transaction ID: 70710.E4874</b> Date of Disbursement MM / DD / YYYY 04 / 14 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 18.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement OFFICE SUPPLIES-PUBLISHING EXPENSE Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES-PUBLISHING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID: 70710.E4873</b> Date of Disbursement MM / DD / YYYY 04 / 14 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 164.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement OFFICE SUPPLIES-COLUMBIA BOOKS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES-COLUMBIA BOOKS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1182.85
<b>TOTAL</b> 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)

PAGE 60 / 87

<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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4872 Date of Disbursement 04 / 14 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 58.28
City Alexandria State VA Zip Code 22311-4956	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT EXPENSE-FLOWERS	Category/Type	EVENT EXPENSE-FLOWERS
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4871 Date of Disbursement 04 / 14 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 4500.00
City Alexandria State VA Zip Code 22311-4956	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type	FUNDRAISING CONSULTING
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4875 Date of Disbursement 04 / 14 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 17.46
City Alexandria State VA Zip Code 22311-4956	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type	TRAVEL EXPENSE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

4575.74

**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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4876 Date of Disbursement 05 / 04 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 600.00
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT: SEE BELOW
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) <b>B. Zola Restaurant</b>		<b>Transaction ID:</b> 70710.E4877 Date of Disbursement 05 / 04 / 2007
Mailing Address 800 F St NW		Amount of Each Disbursement this Period 600.00
City Washington State DC Zip Code 20004-1505	Purpose of Disbursement CATERING COST-ROOM DEPOSIT	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CATERING COST-ROOM DEPOSIT
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) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4879 Date of Disbursement 05 / 04 / 2007
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 314.55
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	914.55
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Omni Richmond Hotel</b>		<b>Transaction ID:</b> 70710.E4880 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 S 12th St		Amount of Each Disbursement this Period 314.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23219-4012	Purpose of Disbursement ROOM FEE-VFRW CONVENTION 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) ▼	<b>[MEMO ITEM]</b> MEMO: ROOM FEE-VFRW CONVENTION

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4881 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 4618 Latrobe Pl		Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement FUNDRAISING CONSULTING 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) ▼	FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 70710.E4883 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 4618 Latrobe Pl		Amount of Each Disbursement this Period 1655.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement REIMBURSEMENT: 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) ▼	REIMBURSEMENT: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6155.88</b>
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Zola Restaurant</b>		Transaction ID: 70710.E4885 Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
Mailing Address 800 F St NW		Amount of Each Disbursement this Period 1655.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20004-1505	Purpose of Disbursement CATERING COSTS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: CATERING COSTS

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		Transaction ID: 70710.E4882 Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
Mailing Address 4618 Latrobe Pl		Amount of Each Disbursement this Period 3250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>C. Aristotle International</b>		Transaction ID: 70710.E4884 Date of Disbursement MM / DD / YYYY 06 / 04 / 2007
Mailing Address 204 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 3250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement TECHNICAL SUPPORT RENEWAL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TECHNICAL SUPPORT RENEWAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID: 70710.E4889</b> Date of Disbursement 06 / 08 / 2007	
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 4500.00	
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement FUNDRAISING CONSULTING Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTING	
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) <b>B. Capitol Hill Club</b>		<b>Transaction ID: 70710.E4892</b> Date of Disbursement 04 / 24 / 2007	
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 6377.92	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CATERING COSTS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CATERING COSTS	
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) <b>C. Capitol Hill Club</b>		<b>Transaction ID: 70710.E4893</b> Date of Disbursement 05 / 25 / 2007	
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 521.60	
City Washington State DC Zip Code 20003-	Purpose of Disbursement CATERING COSTS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CATERING COSTS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11399.52
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Transaction ID: 70711.E4919 Date of Disbursement 06 / 25 / 2007
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 641.24
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 CATERING COSTS	Candidate Name	CATERING COSTS
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) <b>B. Cox Communications</b>		Transaction ID: 70710.E4865 Date of Disbursement 04 / 03 / 2007
Mailing Address P. O. Box 37235		Amount of Each Disbursement this Period 40.00
City Baltimore State MD Zip Code 21297-3235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET EXPENSE	Candidate Name	INTERNET EXPENSE
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) <b>C. Cox Communications</b>		Transaction ID: 70710.E4866 Date of Disbursement 04 / 27 / 2007
Mailing Address P. O. Box 37235		Amount of Each Disbursement this Period 38.67
City Baltimore State MD Zip Code 21297-3235	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET EXPENSE	Candidate Name	INTERNET EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	719.91
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Cox Communications</b>		<b>Transaction ID:</b> 70710.E4867 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address P. O. Box 37235		Amount of Each Disbursement this Period 39.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-3235	Purpose of Disbursement INTERNET EXPENSE Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Cox Communications</b>		<b>Transaction ID:</b> 70710.E4868 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address P. O. Box 37235		Amount of Each Disbursement this Period 39.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-3235	Purpose of Disbursement INTERNET EXPENSE Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INTERNET EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Digital Image Printing</b>		<b>Transaction ID:</b> 70711.E4913 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 129.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24019-	Purpose of Disbursement PRINTING-PROGRAM ADS Candidate Name _____ Category/Type _____	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PRINTING-PROGRAM ADS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	209.02
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Digital Image Printing</b>		<b>Transaction ID:</b> 70711.E4914 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 3145.95
City Roanoke State VA Zip Code 24019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING/STUFFING/MAILING EXPENSE		PRINTING/STUFFING/MAILING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express Corporation</b>		<b>Transaction ID:</b> 70711.E4894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address P. O. Box 1140 Department A		Amount of Each Disbursement this Period 79.52
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE		SHIPPING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express Corporation</b>		<b>Transaction ID:</b> 70711.E4895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address P. O. Box 1140 Department A		Amount of Each Disbursement this Period 38.89
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE		SHIPPING EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3264.36
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Federal Express Corporation</b>		<b>Transaction ID:</b> 70711.E4896 <b>Date of Disbursement</b> 06 / 25 / 2007
Mailing Address P. O. Box 1140 Department A		Amount of Each Disbursement this Period 21.76
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE	Candidate Name	SHIPPING EXPENSE
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) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4938 <b>Date of Disbursement</b> 05 / 14 / 2007
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 250.00
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
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) <b>C. Roanoke Symphony Orchestra</b>		<b>Transaction ID:</b> 70711.E4939 <b>Date of Disbursement</b> 05 / 14 / 2007
Mailing Address 541 Luck Avenue		Amount of Each Disbursement this Period 250.00
City Roanoke State VA Zip Code 24016-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SYMPHONY BALL TICKETS	Candidate Name	<b>[MEMO ITEM]</b> MEMO: SYMPHONY BALL TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	271.76
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 95.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement FESTIVAL TICKETS 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) ▼	FESTIVAL TICKETS

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4940 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 197.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement TRAVEL EXPENSE-MILEAGE 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) ▼	TRAVEL EXPENSE-MILEAGE

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4929 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 111.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement DINNER EXPENSE-MEALS 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) ▼	DINNER EXPENSE-MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	404.48
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4937 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 59.51
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES-STAPLES Candidate Name		OFFICE SUPPLIES-STAPLES
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) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4931 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 116.26
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE-LODGING Candidate Name		TRAVEL EXPENSE-LODGING
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) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4934 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 89.41
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name		REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	265.18
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Sprint PCS</b>		<b>Transaction ID:</b> 70711.E4935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address P. O. Box 219718		Amount of Each Disbursement this Period 89.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Kansas City State MO Zip Code 64141-9718	Purpose of Disbursement PHONE EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: PHONE EXPENSE

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4930 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 177.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement DINNER EXPENSE-MEALS-ROWES 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) ▼	DINNER EXPENSE-MEALS-ROWES

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4933 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 102.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement GIFTS-FLOWERS 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) ▼	GIFTS-FLOWERS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	279.70
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 70711.E4936 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 5341 Fox Ridge Road		Amount of Each Disbursement this Period 30.00
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL EXPENSE-PARKING	Candidate Name	TRAVEL EXPENSE-PARKING
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) <b>B. Hinaman &amp; Company</b>		<b>Transaction ID:</b> 70710.E4886 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 7
Mailing Address 703 Day Avenue		Amount of Each Disbursement this Period 4500.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTING/STRATETY/MEDIA/	Candidate Name	CAMPAIGN CONSULTING/STRAT-ETY/MEDIA/
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) <b>C. Hinaman &amp; Company</b>		<b>Transaction ID:</b> 70710.E4887 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 703 Day Avenue		Amount of Each Disbursement this Period 4500.00
City Alexandria State VA Zip Code 22314-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN CONSULTING/STRATEGY/MEDIA/	Candidate Name	CAMPAIGN CONSULTING/STRAT-EGY/MEDIA/
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9030.00
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Hinaman &amp; Company</b>		Transaction ID: 70710.E4888 Date of Disbursement MM / DD / YYYY 06 / 08 / 2007	
Mailing Address 703 Day Avenue		Amount of Each Disbursement this Period 4500.00	
City Alexandria State VA Zip Code 22314-	Purpose of Disbursement CAMPAIGN CONSULTING/STRATEGY/MEDIA/ Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CAMPAIGN CONSULTING/STRAT- EGY/MEDIA/	

Full Name (Last, First, Middle Initial) <b>B. Molly Koon</b>		Transaction ID: 70710.E4852 Date of Disbursement MM / DD / YYYY 04 / 01 / 2007	
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 1929.22	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement SALARY Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SALARY	

Full Name (Last, First, Middle Initial) <b>C. Molly Koon</b>		Transaction ID: 70710.E4864 Date of Disbursement MM / DD / YYYY 04 / 03 / 2007	
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 286.85	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement MILEAGE Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		MILEAGE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6716.07
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Molly Koon</b>		Transaction ID: 70710.E4853 Date of Disbursement 04 / 27 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 64.08
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE	Candidate Name	MILEAGE
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) <b>B. Molly Koon</b>		Transaction ID: 70710.E4854 Date of Disbursement 04 / 27 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 33.00
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT GIFT-BOWMAN APPLES	Candidate Name	EVENT GIFT-BOWMAN APPLES
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) <b>C. Molly Koon</b>		Transaction ID: 70710.E4855 Date of Disbursement 05 / 01 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 1929.22
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY	Candidate Name	SALARY
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2026.30
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Molly Koon</b>		<b>Transaction ID:</b> 70710.E4856 Date of Disbursement 05 / 25 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 104.93
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER REPAIR/CONFIRGURATION		COMPUTER REPAIR/CONFIRGURATION
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) <b>B. Molly Koon</b>		<b>Transaction ID:</b> 70710.E4857 Date of Disbursement 06 / 01 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 1929.22
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SALARY		SALARY
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) <b>C. Molly Koon</b>		<b>Transaction ID:</b> 70710.E4858 Date of Disbursement 06 / 26 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 51.25
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WERTZ-EVENT GIFT BASKET		WERTZ-EVENT GIFT BASKET
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2085.40
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Molly Koon</b>		<b>Transaction ID:</b> 70710.E4859 <b>Date of Disbursement</b> 06 / 26 / 2007
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 251.69
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE	Category/Type	MILEAGE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. David Lee Michaels</b>		<b>Transaction ID:</b> 70711.E4915 <b>Date of Disbursement</b> 05 / 25 / 2007
Mailing Address		Amount of Each Disbursement this Period 659.00
City Roanoke State VA Zip Code 24014-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHOTOGRAPHY-BRIDGEWATER EVENT	Category/Type	PHOTOGRAPHY-BRIDGEWATER EVENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Vince Miller</b>		<b>Transaction ID:</b> 70711.E4918 <b>Date of Disbursement</b> 06 / 11 / 2007
Mailing Address P. O. Box 21767		Amount of Each Disbursement this Period 488.25
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHOTOGRAPHY EXPENSE-LYNCHBURG EVENT	Category/Type	PHOTOGRAPHY EXPENSE-LYNCHBURG EVENT
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1398.94</b>
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 70711.E4897 Date of Disbursement MM / DD / YYYY 04 / 24 / 2007
Mailing Address P. O. Box 2979 Dept 82		Amount of Each Disbursement this Period 30.70
City Omaha State NE Zip Code 68103-2979	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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) <b>B. Staples</b>		Transaction ID: 70711.E4898 Date of Disbursement MM / DD / YYYY 05 / 25 / 2007
Mailing Address P. O. Box 2979 Dept 82		Amount of Each Disbursement this Period 81.67
City Omaha State NE Zip Code 68103-2979	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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) <b>C. Staples</b>		Transaction ID: 70711.E4899 Date of Disbursement MM / DD / YYYY 06 / 25 / 2007
Mailing Address P. O. Box 2979 Dept 82		Amount of Each Disbursement this Period 40.26
City Omaha State NE Zip Code 68103-2979	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	152.63
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Technology Insurance Co.</b>		<b>Transaction ID:</b> 70711.E4902 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 25800 Science Park Drive, Suite 10		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Beachwood State OH Zip Code 44122-	Purpose of Disbursement WORKMANS COMPENSATION INS.	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WORKMANS COMPENSATION INS.

Full Name (Last, First, Middle Initial) <b>B. United States Postmaster</b>		<b>Transaction ID:</b> 70711.E4910 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address Main Post Office		Amount of Each Disbursement this Period 1517.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24022-	Purpose of Disbursement POSTAGE-ROANOKE MAILING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE-ROANOKE MAILING

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		<b>Transaction ID:</b> 70711.E4909 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 101 W. Church Avenue		Amount of Each Disbursement this Period 166.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement POSTAGE-STAMPS	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE-STAMPS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2183.00
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> 70711.E4911 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 101 W. Church Avenue		Amount of Each Disbursement this Period 41.00
City Roanoke State VA Zip Code 24011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE-STAMPS	Candidate Name	POSTAGE-STAMPS
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) <b>B. U.S. Postmaster</b>		<b>Transaction ID:</b> 70711.E4912 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 101 W. Church Avenue		Amount of Each Disbursement this Period 164.62
City Roanoke State VA Zip Code 24011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE-STAMPS	Candidate Name	POSTAGE-STAMPS
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) <b>C. United States Treasury</b>		<b>Transaction ID:</b> 70711.E4906 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 5210.33
City Dallas State TX Zip Code 75266-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL INCOME TAXES	Candidate Name	FEDERAL INCOME TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5415.95
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		<b>Transaction ID:</b> 70711.E4900 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address P. O. Box 660720		Amount of Each Disbursement this Period 34.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0720	Purpose of Disbursement PHONE EXPENSE-CAMPAIGN VOICE MAIL 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) ▼	PHONE EXPENSE-CAMPAIGN VOICE MAIL

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		<b>Transaction ID:</b> 70711.E4901 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address P. O. Box 660720		Amount of Each Disbursement this Period 33.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dallas State TX Zip Code 75266-0720	Purpose of Disbursement PHONE EXPENSE-CAMPAIGN VOICE MAIL 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) ▼	PHONE EXPENSE-CAMPAIGN VOICE MAIL

Full Name (Last, First, Middle Initial) <b>C. Virginia Dept of Taxation</b>		<b>Transaction ID:</b> 70711.E4907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 119.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23212-	Purpose of Disbursement STATE INCOME TAXES 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) ▼	STATE INCOME TAXES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	187.51
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Virginia Dept of Taxation</b>		Transaction ID: 70711.E4916 Date of Disbursement 06 / 08 / 2007	
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 285.00	
City Richmond State VA Zip Code 23212-	Purpose of Disbursement 2ND QUARTER WITHHOLDING TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2ND QUARTER WITHHOLDING TAXES	

Full Name (Last, First, Middle Initial) <b>B. Wachovia (First Union)</b>		Transaction ID: 70710.E4869 Date of Disbursement 04 / 05 / 2007	
Mailing Address 213 S. Jefferson Street		Amount of Each Disbursement this Period 17.48	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement BANK FEE-DEPOSIT TICKETS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BANK FEE-DEPOSIT TICKETS	

Full Name (Last, First, Middle Initial) <b>C. Wachovia (First Union)</b>		Transaction ID: 70710.E4870 Date of Disbursement 06 / 08 / 2007	
Mailing Address 213 S. Jefferson Street		Amount of Each Disbursement this Period 1516.66	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement 2ND QUARTER PAYROLL TAXES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2ND QUARTER PAYROLL TAXES	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1819.14
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Young &amp; Prickitt</b>		Transaction ID: 70710.E4860 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 500.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement ACCOUNTING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	ACCOUNTING EXPENSE	
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) <b>B. Young &amp; Prickitt</b>		Transaction ID: 70710.E4861 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 500.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement ACCOUNTING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	ACCOUNTING EXPENSE	
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) <b>C. Young &amp; Prickitt</b>		Transaction ID: 70710.E4862 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 500.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement ACCOUNTING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	ACCOUNTING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Young &amp; Prickitt</b>		Transaction ID: 70710.E4863 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 3.28	
City Roanoke	State VA	Zip Code 24011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE-2 CENT STAMPS		Category/ Type	
Candidate Name		<input type="checkbox"/> POSTAGE-2 CENT STAMPS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

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

3.28

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

65411.17

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Steve Chabot for Congress</b>		Transaction ID: 70711.E4925 Date of Disbursement 04 / 24 / 2007
Mailing Address 3014 Harrison Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cincinnati State OH Zip Code 45211-5702	Category/ Type	
Purpose of Disbursement HOUSE-PRIMARY Candidate Name STEVE CHABOT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 01		

Full Name (Last, First, Middle Initial) <b>B. Jim Gerlach for Congress</b>		Transaction ID: 70711.E4927 Date of Disbursement 04 / 24 / 2007
Mailing Address 649 Deep Hollow Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chester Springs State PA Zip Code 19425-	Category/ Type	
Purpose of Disbursement HOUSE-PRIMARY Candidate Name JIM GERLACH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06		

Full Name (Last, First, Middle Initial) <b>C. Hayes for Congress</b>		Transaction ID: 70711.E4921 Date of Disbursement 04 / 24 / 2007
Mailing Address P. O. Box 2004		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Concord State NC Zip Code 28026-	Category/ Type	
Purpose of Disbursement HOUSE-PRIMARY Candidate Name ROBERT CANNON HAYES		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 08		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Joe Knollenberg for Congress</b>		Transaction ID: 70711.E4922 Date of Disbursement 04 / 24 / 2007
Mailing Address 3100 Telegraph Road #110		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Franklin State MI Zip Code 48025-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement HOUSE-PRIMARY Candidate Name JOSEPH K KNOLLENBERG	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09		

Full Name (Last, First, Middle Initial) <b>B. Jon Porter for Congress</b>		Transaction ID: 70711.E4924 Date of Disbursement 04 / 24 / 2007
Mailing Address P. O. Box 26087		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Las Vegas State NV Zip Code 89126-	<input type="checkbox"/> Category/Type	
Purpose of Disbursement HOUSE-PRIMARY Candidate Name JON C SR PORTER	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03		

Full Name (Last, First, Middle Initial) <b>C. Deborah Pryce for Congress</b>		Transaction ID: 70711.E4926 Date of Disbursement 04 / 24 / 2007
Mailing Address 145 E Rich St		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Columbus State OH Zip Code 43215-5240	<input type="checkbox"/> Category/Type	
Purpose of Disbursement HOUSE-PRIMARY Candidate Name DEBORAH D. PRYCE	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Dave Reichert</b>		<b>Transaction ID:</b> 70711.E4928 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address P. O. Box 53322		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bellevue State WA Zip Code 98015-		
Purpose of Disbursement HOUSE-PRIMARY Candidate Name DAVE REICHERT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 8		
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Republican Party of Virginia</b>		<b>Transaction ID:</b> 70711.E4904 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 115 East Grace St.		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23219-		
Purpose of Disbursement COMMONWEALTH GALA SPONSOR Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Peter Roskam for Congress</b>		<b>Transaction ID:</b> 70711.E4920 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 141 Shelley Ln		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wheaton State IL Zip Code 60187-7423		
Purpose of Disbursement Candidate Name PETER ROSKAM Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 6		
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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 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)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial) <b>A. Heather Wilson for Congress</b>		Transaction ID: 70711.E4923 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address P. O. Box 14070		Amount of Each Disbursement this Period 1000.00	
City Albuquerque State NM Zip Code 87191-	Purpose of Disbursement HOUSE-PRIMARY	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name HEATHER A. WILSON	Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11000.00