

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

Forbes for Congress

ADDRESS (number and street) PO Box 15100

Check if different than previously reported. (ACC)

Chesapeake VA 23328

2. **FEC IDENTIFICATION NUMBER** C00365692

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

VA 04

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 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cheryl L. Freauff

Signature of Treasurer Electronically Filed by Cheryl L. Freauff Date 04 14 2009

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

Forbes for Congress

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	68998.94	69273.94
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	68998.94	69273.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	36473.52	104071.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2696.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36473.52	101375.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	121078.31	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Forbes for Congress

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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).....

31000.00

31200.00

(ii) Unitemized.....

398.94

473.94

(iii) TOTAL of contributions

31398.94

31673.94

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

37600.00

37600.00

(d) The Candidate.....

0.00

0.00

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

68998.94

69273.94

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

0.00

0.00

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

0.00

2696.59

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

33.08

133.79

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

69032.02

72104.32

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36473.52	104071.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	250.00	650.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	36723.52	104721.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	88769.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	69032.02
25. SUBTOTAL (add Line 23 and Line 24).....	157801.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36723.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	121078.31

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

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

FOR LINE NUMBER: PAGE 5 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
Alion Science & Technology Corp PAC
 Mailing Address 1750 Tysons Blvd Suite 1300
 City State Zip Code
 Mc Lean VA 22102
 FEC ID number of contributing federal political committee. **C** C00431247
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 9
Transaction ID: 90403.C12065
 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)
American Bankers Association PAC
 Mailing Address 1120 Connecticut Ave NW
 City State Zip Code
 Washington DC 20036
 FEC ID number of contributing federal political committee. **C** C00004275
 Name of Employer Occupation
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 2500.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9
Transaction ID: 90403.C12087
 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)
American Council of Engineering Co PAC
 Mailing Address 1015 15th St NW 8th Floor
 City State Zip Code
 Washington DC 20005-2605
 FEC ID number of contributing federal political committee. **C** C00010868
 Name of Employer Occupation
 American Consulting Engineers
 Receipt For: 2010
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 1000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9
Transaction ID: 90403.C12093
 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) ► 6000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 6 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
AT&T Inc Federal PAC

Mailing Address 175 E. Houston, Rm. 7-A-50

City State Zip Code
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 90403.C12080

Amount of Each Receipt this Period
4000.00

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

B. Full Name (Last, First, Middle Initial)
BAE Systems Inc. PAC

Mailing Address 1300 N. 17th Street, Ste. 1400

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation
BAE Systems USA PAC

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 0 / 2 0 0 9

Transaction ID: 90403.C12095

Amount of Each Receipt this Period
3000.00

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

C. Full Name (Last, First, Middle Initial)
Boehringer Ingelheim USA Corp. PAC

Mailing Address 3802 N Dittmar Road

City State Zip Code
Arlington VA 22207-4565

FEC ID number of contributing federal political committee. **C** C00420398

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 3 / 2 0 0 9

Transaction ID: 90403.C12090

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) ► **8000.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
Boeing PAC Federal
Mailing Address 1200 Wilson Blvd
City Arlington State VA Zip Code 22209
FEC ID number of contributing federal political committee. **C** C00142711
Name of Employer Boeing PAC Federal Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 30 / 2009
Transaction ID: 90403.C12096
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)
CBS Corporation
Mailing Address 601 Pennsylvania Avenue, NW, Suite
City Washington State DC Zip Code 20004-2501
FEC ID number of contributing federal political committee. **C** C00423442
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 03 / 23 / 2009
Transaction ID: 90403.C12085
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)
Ciba Specialty Chemicals Empl. Good Gov
Mailing Address 540 White Plains Road
City Tarrytown State NY Zip Code 10591
FEC ID number of contributing federal political committee. **C** C00326033
Name of Employer Ciba Specialty Chemicals Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 02 / 17 / 2009
Transaction ID: 90317.C12050
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 47

(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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Clear Channel Communications Inc. PAC

Mailing Address 200 E. Basse Road

City San Antonio State TX Zip Code 78209-8328

FEC ID number of contributing federal political committee. C C00279216

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 30 / 2009

Transaction ID: 90403.C12097

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)
Committee for Advancement of SE Cotton

Mailing Address 139 Prominence Ct Suite 110

City Dawsonville State GA Zip Code 30534

FEC ID number of contributing federal political committee. C C00300426

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 90403.C12076

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)
CTIA-The Wireless Association PAC

Mailing Address 1400 16th Street, NW Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C C00262295

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 90403.C12088

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) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
DIRECTV GROUP, INC

Mailing Address 444 North Capitol Street, NW, Suit

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00331991

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90403.C12081
 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)
Dominion PAC

Mailing Address One James River Plaza, 20th Fl.
Box 26666

City Richmond State VA Zip Code 23261

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

Name of Employer Dominion PAC Occupation Political Action Committee

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009
Transaction ID: 90403.C12086
 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)
DRS Technologies Inc. Good Govt Fund

Mailing Address 5 Sylvan Way, Ste 500

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C** C00275123

Name of Employer DRS Technologies Inc. PAC Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2009
Transaction ID: 90403.C12059
 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) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
DuPont Good Government Fund

Mailing Address 1007 Market St

City State Zip Code
Wilmington DE 19898

FEC ID number of contributing federal political committee. **C** C00171926

Name of Employer DuPont Good Government Fund Occupation
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: 90403.C12101

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)
Employees of Northrop Grumman Corp PAC

Mailing Address 520 S. Grand Ave., Suite 700

City State Zip Code
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Northrop Grumman Occupation
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	9

Transaction ID: 90403.C12102

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)
General Dynamics Voluntary PAC

Mailing Address 2941 Fairview Park Dr., Ste 100

City State Zip Code
Falls Church VA 22042-4523

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer General Dynamics Voluntary PAC Occupation
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	0	9

Transaction ID: 90403.C12091

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) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
International Paper PAC
Mailing Address 1101 Pennsylvania Ave NW #200
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00034405
Name of Employer International Paper PAC Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 30 / 2009
Transaction ID: 90403.C12094
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)
Microsoft Corporation PAC
Mailing Address PO Box 97017
City Redmond State WA Zip Code 98073-9717
FEC ID number of contributing federal political committee. **C** C00227546
Name of Employer Microsoft Corporation PAC Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 11 / 2009
Transaction ID: 90317.C12055
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 Beer Wholesalers PAC
Mailing Address 1101 King Street Suite 600
City Alexandria State VA Zip Code 22314-2944
FEC ID number of contributing federal political committee. **C** C00144766
Name of Employer National Beer Wholesalers PAC Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00
Date of Receipt 03 / 30 / 2009
Transaction ID: 90403.C12099
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) ▶ 4500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
National Community Pharmacists Assn

Mailing Address 100 Daingerfield Road

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 90403.C12098

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)
Polsinelli Shalton Flanigan Suelthaus PC

Mailing Address 700 W. 47th St., Ste. 1000

City State Zip Code
Kansas City MO 64112

FEC ID number of contributing federal political committee. **C** C00445981

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90403.C12103

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)
SAIC VOLUNTARY PAC

Mailing Address 10260 Campus Point Dr MS-F2

City State Zip Code
San Diego CA 92121-1522

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation
Science Applications Intl PAC

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: 90403.C12100

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) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
Swedish Match PAC
Mailing Address 7300 Beaufont Springs Dr Ste 400
City Richmond State VA Zip Code 23225
FEC ID number of contributing federal political committee. **C** C00215053
Name of Employer Swedish Match North America, I Occupation
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 20 / 2009
Transaction ID: 90403.C12077
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)
US Oncology Good Govt Committee
Mailing Address 16825 Northchase Drive Suite 1300
City Houston State TX Zip Code 77060
FEC ID number of contributing federal political committee. **C** C00339655
Name of Employer Occupation
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 23 / 2009
Transaction ID: 90403.C12083
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)
Verisign Inc. PAC
Mailing Address 1666 K St NW Ste 410
City Washington State DC Zip Code 20006-1227
FEC ID number of contributing federal political committee. **C** C00359240
Name of Employer Occupation
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 03 / 23 / 2009
Transaction ID: 90403.C12089
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) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Virginia Red State PAC

Mailing Address PO Box 2535

City State Zip Code
Chesapeake VA 23327-2535

FEC ID number of contributing federal political committee. **C** C00457937

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2009

Transaction ID: 90317.C12054

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	37600.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 47
	<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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Bonnie Curling		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 4125 S. Military Hwy		Transaction ID: 90403.C12067
	City Chesapeake	State VA	Zip Code 23321
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer W.E. Curling Inc.	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.	Full Name (Last, First, Middle Initial) William Curling		Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 4125 S. Military Hwy		Transaction ID: 90403.C12068
	City Chesapeake	State VA	Zip Code 23321
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer W.E. Curling Inc.	Occupation Owner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.	Full Name (Last, First, Middle Initial) Andrew Halataei		Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 330 N Greenbrier St		Transaction ID: 90403.C12084
	City Arlington	State VA	Zip Code 22203-1328
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer The Stanton Park Group LLC	Occupation lobbyist	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	5300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Edward Harvey	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 2689 Shorehaven Drive	Transaction ID: 90403.C12063
	City State Zip Code Virginia Beach VA 23454	Amount of Each Receipt this Period 2400.00
	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 Alion Science and Technology	Occupation Defense Contractor	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Gregory Ireland	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 1028 Waters Rd	Transaction ID: 90403.C12061
	City State Zip Code Chesapeake VA 23322	Amount of Each Receipt this Period 2400.00
	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 G.S. Ireland Inc.	Occupation general contractor	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Heidi Jacobus	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 432 Riverview Drive	Transaction ID: 90403.C12071
	City State Zip Code Ann Arbor MI 48104-1850	Amount of Each Receipt this Period 500.00
	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 Cybernet Systems	Occupation CEO	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 47
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
Kristin Jones

Mailing Address 218 Sparrow Rd

City State Zip Code
Chesapeake VA 23325

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

Name of Employer Occupation
Homemaker homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2009

Transaction ID: 90403.C12064

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)
Edward Keil

Mailing Address 5320 Milners Rd

City State Zip Code
Suffolk VA 23434

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 90403.C12104

Amount of Each Receipt this Period
2400.00

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

C. Full Name (Last, First, Middle Initial)
Edward Keil

Mailing Address 5320 Milners Rd

City State Zip Code
Suffolk VA 23434

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

Name of Employer Occupation
Retired Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 90403.C12105

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5800.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial)
Susan Kelly
 Mailing Address 1308 Prestwick Court
 City State Zip Code
 Chesapeake VA 23320-9446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jo-Kell, Inc. Occupation President
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
 Date of Receipt 03 / 11 / 2009
Transaction ID: 90317.C12056
 Amount of Each Receipt this Period 2400.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Justin Lilley
 Mailing Address 5729 Potomac Ave., NW
 City State Zip Code
 Washington DC 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TeleMedia Policy Group Occupation President
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 500.00
 Date of Receipt 03 / 23 / 2009
Transaction ID: 90403.C12082
 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)
John McGinn
 Mailing Address 4301 Blackthorne Court
 City State Zip Code
 Virginia Beach VA 23455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alion Science and Technology Occupation Operations Manager
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2400.00
 Date of Receipt 03 / 16 / 2009
Transaction ID: 90403.C12062
 Amount of Each Receipt this Period 2400.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 47
(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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
John McQuiddy

Mailing Address 212 Dogwood Dr

City State Zip Code
Fredericksburg VA 22405-6111

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

Name of Employer Occupation
McQuiddy Incorporated President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 90403.C12072

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
James Means

Mailing Address 2451 N Taylor St

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Alpine Group Govt Relation Consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: 90403.C12078

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)
Barbara Payne

Mailing Address 10108 Farrcroft Dr

City State Zip Code
Fairfax VA 22030-2445

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

Name of Employer Occupation
Payne, Shea, & Associates business owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 90403.C12073

Amount of Each Receipt this Period
1500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

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

Mailing Address 201 Cedar Rd

City State Zip Code
Chesapeake VA 23322

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

Name of Employer Occupation
Herbs Hot Dogs business owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: 90403.C12069

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)
Edward Reed

Mailing Address 1310 Prestwick Ct

City State Zip Code
Chesapeake VA 23320

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

Name of Employer Occupation
Givens Inc. President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 03 / 2009

Transaction ID: 90317.C12051

Amount of Each Receipt this Period
2400.00

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

C. Full Name (Last, First, Middle Initial)
Ronald Ritter

Mailing Address 732 Schoolhouse Road

City State Zip Code
Chesapeake VA 23322

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

Name of Employer Occupation
Earl Industries Senior Vice President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 03 / 2009

Transaction ID: 90317.C12053

Amount of Each Receipt this Period
2400.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **5050.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 47
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Forbes for Congress

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

Mailing Address 3416 Old Dominion Blvd

City State Zip Code
Alexandria VA 22305

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

Name of Employer Occupation
Williams & Jensen PC Attorney

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 90403.C12074

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)
Lindsey Vincent

Mailing Address PO Box 325

City State Zip Code
Skippers VA 23879

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

Name of Employer Occupation
Good Earth Peanut Co. Owner

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 90403.C12070

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)
Wiley Rein & Fielding LLP

Mailing Address 1776 K Street, NW

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 90403.C12075

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) ► **31000.00**

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 90218.E3261 Date of Disbursement 01 / 16 / 2009
	Mailing Address 205 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 5.50
	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 service charge 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) ▼
		SERVICE CHARGE

B.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 90218.E3262 Date of Disbursement 01 / 16 / 2009
	Mailing Address 205 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 3.40
	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 service charge 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) ▼
		SERVICE CHARGE

C.	Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 90218.E3254 Date of Disbursement 02 / 11 / 2009
	Mailing Address 205 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 2070.00
	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 hosting fee - 1st qtr 09 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) ▼
		HOSTING FEE - 1ST QTR 09

SUBTOTAL of Disbursements This Page (optional)	▶	2078.90
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)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 9001309 <hr/> City Louisville State KY Zip Code 40290- <hr/> Purpose of Disbursement phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90108.E3154 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 45.27
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PHONE SERVICE

B. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 9001309 <hr/> City Louisville State KY Zip Code 40290- <hr/> Purpose of Disbursement phone service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E3235 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 42.82
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PHONE SERVICE

C. Full Name (Last, First, Middle Initial) Barnes & Noble <hr/> Mailing Address 1212 Greenbrier Pkwy <hr/> City Chesapeake State VA Zip Code 23320- <hr/> Purpose of Disbursement office supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90108.E3167 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 25.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶	113.09
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and included here 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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Barnes & Noble Mailing Address 1212 Greenbrier Pkwy City Chesapeake State VA Zip Code 23320- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E3222 Date of Disbursement 01 / 20 / 2009 Amount of Each Disbursement this Period 94.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
B.	Full Name (Last, First, Middle Initial) Barnes & Noble Mailing Address 1212 Greenbrier Pkwy City Chesapeake State VA Zip Code 23320- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90403.E3416 Date of Disbursement 03 / 30 / 2009 Amount of Each Disbursement this Period 22.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Carlyle Grand Cafe Mailing Address 4000 South 28th Street City Arlington State VA Zip Code 22206- Purpose of Disbursement food & beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E3219 Date of Disbursement 01 / 15 / 2009 Amount of Each Disbursement this Period 88.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶	206.49
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)
Forbes for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Christiane Grubbs</p> <p>Mailing Address 3911 Maury Place</p> <p>City Alexandria State VA Zip Code 22309-</p> <p>Purpose of Disbursement campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E3232</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CAMPAIGN CONSULTING</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Christiane Grubbs</p> <p>Mailing Address 3911 Maury Place</p> <p>City Alexandria State VA Zip Code 22309-</p> <p>Purpose of Disbursement campaign consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E3281</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CAMPAIGN CONSULTING</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Coeco Office Systems</p> <p>Mailing Address PO Box 2425</p> <p>City Greenville State NC Zip Code 27836-</p> <p>Purpose of Disbursement office expense - copies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90218.E3255</p> <p>Date of Disbursement 02 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1279.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE EXPENSE - COPIES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3279.80

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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Congressional Institute

Mailing Address 401 Wythe St., Ste. 103

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
candidate travel
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90130.E3221
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CANDIDATE TRAVEL

B.

Full Name (Last, First, Middle Initial)
Mrs. Courtney Wolfe

Mailing Address 6428 Olde Bullocks Circle

City Suffolk State VA Zip Code 23435-

Purpose of Disbursement
payroll
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90113.E3215
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

PAYROLL

C.

Full Name (Last, First, Middle Initial)
Mrs. Courtney Wolfe

Mailing Address 6428 Olde Bullocks Circle

City Suffolk State VA Zip Code 23435-

Purpose of Disbursement
payroll
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90130.E3240
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe	Transaction ID: 90218.E3260 Date of Disbursement 02 / 11 / 2009
	Mailing Address 6428 Olde Bullocks Circle	Amount of Each Disbursement this Period 957.02
	City Suffolk State VA Zip Code 23435-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

B.	Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe	Transaction ID: 90317.E3278 Date of Disbursement 02 / 26 / 2009
	Mailing Address 6428 Olde Bullocks Circle	Amount of Each Disbursement this Period 957.03
	City Suffolk State VA Zip Code 23435-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

C.	Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe	Transaction ID: 90317.E3296 Date of Disbursement 03 / 13 / 2009
	Mailing Address 6428 Olde Bullocks Circle	Amount of Each Disbursement this Period 957.02
	City Suffolk State VA Zip Code 23435-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement payroll 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) ▼
		PAYROLL

SUBTOTAL of Disbursements This Page (optional)	▶	2871.07
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Cox Communications

Transaction ID: 90113.E3217
Date of Disbursement

Mailing Address PO Box 183124

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	0	9

City Columbus State OH Zip Code 43218-3124

Amount of Each Disbursement this Period

265.73

Purpose of Disbursement
cable & internet

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CABLE & INTERNET

State: District:

B.

Full Name (Last, First, Middle Initial)
Cox Communications

Transaction ID: 90218.E3256
Date of Disbursement

Mailing Address PO Box 183124

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

City Columbus State OH Zip Code 43218-3124

Amount of Each Disbursement this Period

225.96

Purpose of Disbursement
cable & internet

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CABLE & INTERNET

State: District:

C.

Full Name (Last, First, Middle Initial)
Dominion Va Power

Transaction ID: 90108.E3152
Date of Disbursement

Mailing Address PO Box 26543

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	9

City Richmond State VA Zip Code 23290-0001

Amount of Each Disbursement this Period

234.24

Purpose of Disbursement
utilities

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

UTILITIES

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

725.93

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

<p>A. Full Name (Last, First, Middle Initial) Dominion Va Power</p> <p>Mailing Address PO Box 26543</p> <p>City Richmond State VA Zip Code 23290-0001</p> <p>Purpose of Disbursement utilities</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E3233 Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 223.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>UTILITIES</p>
<p>B. Full Name (Last, First, Middle Initial) J. Randy Forbes</p> <p>Mailing Address 408 Parker Road</p> <p>City Chesapeake State VA Zip Code 23322-</p> <p>Purpose of Disbursement rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E3230 Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1475.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>
<p>C. Full Name (Last, First, Middle Initial) J. Randy Forbes</p> <p>Mailing Address 408 Parker Road</p> <p>City Chesapeake State VA Zip Code 23322-</p> <p>Purpose of Disbursement rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E3283 Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1475.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>

SUBTOTAL of Disbursements This Page (optional)	3173.95
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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Friends of Frank Wolf

Mailing Address PO Box 710235

City Herndon State VA Zip Code 20171-

Purpose of Disbursement
gifts - departing members
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90113.E3216
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	9	

Amount of Each Disbursement this Period

435.00

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

GIFTS - DEPARTING MEMBERS

B.

Full Name (Last, First, Middle Initial)
H2O To Go, Inc.

Mailing Address 800 S. Battlefield Blvd.

City Chesapeake State VA Zip Code 23322-6670

Purpose of Disbursement
drinking water
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90130.E3231
Date of Disbursement

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

Amount of Each Disbursement this Period

7.29

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

DRINKING WATER

C.

Full Name (Last, First, Middle Initial)
H2O To Go, Inc.

Mailing Address 800 S. Battlefield Blvd.

City Chesapeake State VA Zip Code 23322-6670

Purpose of Disbursement
drinking water
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90317.E3282
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	9	

Amount of Each Disbursement this Period

8.40

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

DRINKING WATER

SUBTOTAL of Disbursements This Page (optional)

450.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Harris Teeter Mailing Address 1216 Greenbrier Parkway City Chesapeake State VA Zip Code 23320- Purpose of Disbursement Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E3287 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 35.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD AND BEVERAGE	
B.	Full Name (Last, First, Middle Initial) Home Depot Mailing Address 2600 Conduit Road City Col. Hgths State VA Zip Code 23834- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E3241 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 62.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES	
C.	Full Name (Last, First, Middle Initial) Home Depot Mailing Address 2600 Conduit Road City Col. Hgths State VA Zip Code 23834- Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90403.E3392 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9 Amount of Each Disbursement this Period 147.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE SUPPLIES	

SUBTOTAL of Disbursements This Page (optional)	245.70
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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Hampton Roads Utility	Transaction ID: 90218.E3272 Date of Disbursement 02 / 18 / 2009
	Mailing Address PO Box 1651	Amount of Each Disbursement this Period 145.93
	City Norfolk State VA Zip Code 23501-1651	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement utilities	Category/Type
	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) ▼
		UTILITIES

B.	Full Name (Last, First, Middle Initial) Marriott	Transaction ID: 90317.E3300 Date of Disbursement 03 / 16 / 2009
	Mailing Address 1500 Crossways Blvd	Amount of Each Disbursement this Period 420.80
	City Chesapeake State VA Zip Code 23320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement food & beverage/Finance mtg.	Category/Type
	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) ▼
		FOOD & BEVERAGE/FINANCE MTG.

C.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 90108.E3150 Date of Disbursement 01 / 05 / 2009
	Mailing Address 2875 Towerview Road Suite 1000	Amount of Each Disbursement this Period 55.84
	City Herndon State VA Zip Code 20171-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage	Category/Type
	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) ▼
		POSTAGE

SUBTOTAL of Disbursements This Page (optional)	▶	622.57
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 90108.E3151
	Mailing Address 2875 Towerview Road Suite 1000	Date of Disbursement 01 / 05 / 2009
	City Herndon State VA Zip Code 20171-	Amount of Each Disbursement this Period 4050.00
	Purpose of Disbursement fundraising consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		FUNDRAISING CONSULTING

B.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 90218.E3258
	Mailing Address 2875 Towerview Road Suite 1000	Date of Disbursement 02 / 11 / 2009
	City Herndon State VA Zip Code 20171-	Amount of Each Disbursement this Period 13.44
	Purpose of Disbursement postage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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

C.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates	Transaction ID: 90218.E3257
	Mailing Address 2875 Towerview Road Suite 1000	Date of Disbursement 02 / 11 / 2009
	City Herndon State VA Zip Code 20171-	Amount of Each Disbursement this Period 4050.00
	Purpose of Disbursement fundraising consulting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼
		FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)	8113.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates Mailing Address 2875 Towerview Road Suite 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement postage for 3/11/09 event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E3293 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 10.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE FOR 3/11/09 EVENT
B.	Full Name (Last, First, Middle Initial) Morgan, Meredith & Associates Mailing Address 2875 Towerview Road Suite 1000 City Herndon State VA Zip Code 20171- Purpose of Disbursement rental fee for 3/11/09 event site Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E3294 Date of Disbursement 03 / 04 / 2009 Amount of Each Disbursement this Period 150.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENTAL FEE FOR 3/11/09 EV-ENT SITE
C.	Full Name (Last, First, Middle Initial) Ntegra IT Solutions, Inc. Mailing Address 6037 Providence Rd Ste 4 City Virginia Beach State VA Zip Code 23464-3817 Purpose of Disbursement website monthly Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90130.E3226 Date of Disbursement 01 / 29 / 2009 Amount of Each Disbursement this Period 129.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 WEBSITE MONTHLY

SUBTOTAL of Disbursements This Page (optional) ►

290.91

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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Ntegra IT Solutions, Inc.

Transaction ID: 90218.E3259
Date of Disbursement

Mailing Address 6037 Providence Rd Ste 4

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

City Virginia Beach State VA Zip Code 23464-3817

Amount of Each Disbursement this Period

129.99

Purpose of Disbursement
website monthly fee

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

WEBSITE MONTHLY FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
Ntegra IT Solutions, Inc.

Transaction ID: 90317.E3276
Date of Disbursement

Mailing Address 6037 Providence Rd Ste 4

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

City Virginia Beach State VA Zip Code 23464-3817

Amount of Each Disbursement this Period

-29.97

Purpose of Disbursement
8/21/08 ck returned dup pymt

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

8/21/08 CK RETURNED DUP PYMT

State: District:

C.

Full Name (Last, First, Middle Initial)
Ntegra IT Solutions, Inc.

Transaction ID: 90317.E3284
Date of Disbursement

Mailing Address 6037 Providence Rd Ste 4

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

City Virginia Beach State VA Zip Code 23464-3817

Amount of Each Disbursement this Period

1169.91

Purpose of Disbursement
website hosting

Category/ Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

WEBSITE HOSTING

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1269.93

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 1332 Greenbriar Pkwy</p> <p>City Chesapeake State VA Zip Code 23320-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90108.E3166</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.53"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 1332 Greenbriar Pkwy</p> <p>City Chesapeake State VA Zip Code 23320-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90113.E3209</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Office Max</p> <p>Mailing Address 1332 Greenbriar Pkwy</p> <p>City Chesapeake State VA Zip Code 23320-</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E3286</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="108.27"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>OFFICE SUPPLIES</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="155.22"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 90317.E3298 Date of Disbursement 03 / 12 / 2009
	Mailing Address 1332 Greenbriar Pkwy	Amount of Each Disbursement this Period 25.41
	City Chesapeake State VA Zip Code 23320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement tri-fold brochure	Category/Type
	Candidate Name	TRI-FOLD BROCHURE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 90403.E3388 Date of Disbursement 03 / 17 / 2009
	Mailing Address 1332 Greenbriar Pkwy	Amount of Each Disbursement this Period 138.22
	City Chesapeake State VA Zip Code 23320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 90317.E3301 Date of Disbursement 03 / 17 / 2009
	Mailing Address 1332 Greenbriar Pkwy	Amount of Each Disbursement this Period 126.49
	City Chesapeake State VA Zip Code 23320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	290.12
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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) PF Changs	Transaction ID: 90130.E3236 Date of Disbursement 01 / 20 / 2009
	Mailing Address 4450 Virginia Beach Blvd	Amount of Each Disbursement this Period 65.60
	City Virginia Beach State VA Zip Code 23462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement food & beverage	FOOD & BEVERAGE
	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.	Full Name (Last, First, Middle Initial) PF Changs	Transaction ID: 90403.E3389 Date of Disbursement 03 / 17 / 2009
	Mailing Address 4450 Virginia Beach Blvd	Amount of Each Disbursement this Period 71.78
	City Virginia Beach State VA Zip Code 23462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement food & beverage	FOOD & BEVERAGE
	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) ▼

C.	Full Name (Last, First, Middle Initial) PF Changs	Transaction ID: 90403.E3415 Date of Disbursement 03 / 30 / 2009
	Mailing Address 4450 Virginia Beach Blvd	Amount of Each Disbursement this Period 86.93
	City Virginia Beach State VA Zip Code 23462-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement food & beverage	FOOD & BEVERAGE
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	224.31
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)
Forbes for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Red Hot And Blue</p> <p>Mailing Address 169 Hillwood Ave.</p> <p>City Falls Church State VA Zip Code 22046-</p> <p>Purpose of Disbursement catering/fundraising event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E3299</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="683.08"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CATERING/FUNDRAISING EVENT</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Star Catering</p> <p>Mailing Address 2824 Fallfax Drive</p> <p>City Falls Church State VA Zip Code 22042-</p> <p>Purpose of Disbursement catering/Fundraising event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90403.E3395</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2017.73"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CATERING/FUNDRAISING EVENT</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Homestead Resort</p> <p>Mailing Address 1766 Homestead Drive</p> <p>City Hot Springs State VA Zip Code 24445-</p> <p>Purpose of Disbursement candidate travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90218.E3249</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="249.26"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CANDIDATE TRAVEL</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="2950.07"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**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)
Forbes for Congress

A.	Full Name (Last, First, Middle Initial) The Homestead Resort Mailing Address 1766 Homestead Drive City Hot Springs State VA Zip Code 24445- Purpose of Disbursement food & beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90218.E3247 Date of Disbursement 02 / 02 / 2009	Amount of Each Disbursement this Period 4.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD & BEVERAGE
B.	Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 1st St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement food & beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90113.E3210 Date of Disbursement 01 / 08 / 2009	Amount of Each Disbursement this Period 33.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD & BEVERAGE
C.	Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 1st St., SE City Washington State DC Zip Code 20003- Purpose of Disbursement food & beverage/fundraising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90317.E3285 Date of Disbursement 02 / 26 / 2009	Amount of Each Disbursement this Period 385.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD & BEVERAGE/FUNDRAISING

SUBTOTAL of Disbursements This Page (optional) ▶

423.61

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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Town Point Club

Mailing Address 101 West Main Street

City Norfolk State VA Zip Code 23510-

Purpose of Disbursement
food & beverage/Finance meeting
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90403.E3394
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	9	

Amount of Each Disbursement this Period

523.30

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

FOOD & BEVERAGE/FINANCE MEETING

B.

Full Name (Last, First, Middle Initial)
U.S. Postal Service

Mailing Address 1100 Battlefield Blvd. S.

City Chesapeake State VA Zip Code 23322-

Purpose of Disbursement
postage
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90218.E3269
Date of Disbursement

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

Amount of Each Disbursement this Period

67.20

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

POSTAGE

C.

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

Mailing Address PO Box 660351

City Dallas State TX Zip Code 75266-

Purpose of Disbursement
940 taxes
Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90113.E3213
Date of Disbursement

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

Amount of Each Disbursement this Period

31.46

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

940 TAXES

SUBTOTAL of Disbursements This Page (optional)

621.96

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Treasury</p> <p>Mailing Address PO Box 660351</p> <p>City Dallas State TX Zip Code 75266-</p> <p>Purpose of Disbursement 941 taxes-January 09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E3242</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 483.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>941 TAXES-JANUARY 09</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Treasury</p> <p>Mailing Address PO Box 660351</p> <p>City Dallas State TX Zip Code 75266-</p> <p>Purpose of Disbursement Income Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E3290</p> <p>Date of Disbursement 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 518.59</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>INCOME TAXES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Treasury</p> <p>Mailing Address PO Box 660351</p> <p>City Dallas State TX Zip Code 75266-</p> <p>Purpose of Disbursement 941 taxes - February 09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90317.E3279</p> <p>Date of Disbursement 02 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 483.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>941 TAXES - FEBRUARY 09</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1486.39

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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
VA Department of Taxation

Mailing Address P.O.Box 1777

City Richmond State VA Zip Code 23218-

Purpose of Disbursement
4th qtr 08 payroll taxes

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90108.E3148
Date of Disbursement

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

Amount of Each Disbursement this Period

1145.00

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

4TH QTR 08 PAYROLL TAXES

B.

Full Name (Last, First, Middle Initial)
VA Department of Taxation

Mailing Address P.O.Box 1777

City Richmond State VA Zip Code 23218-

Purpose of Disbursement
January 09 payroll taxes

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90130.E3243
Date of Disbursement

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

Amount of Each Disbursement this Period

78.00

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

JANUARY 09 PAYROLL TAXES

C.

Full Name (Last, First, Middle Initial)
VA Department of Taxation

Mailing Address P.O.Box 1777

City Richmond State VA Zip Code 23218-

Purpose of Disbursement
payroll taxes - February 09

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90317.E3280
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Amount of Each Disbursement this Period

78.00

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

PAYROLL TAXES - FEBRUARY 09

SUBTOTAL of Disbursements This Page (optional)

1301.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17398</p> <p>City Baltimore State MD Zip Code 21297-0429</p> <p>Purpose of Disbursement phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90130.E3225</p> <p>Date of Disbursement 01 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 335.84</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 17398</p> <p>City Baltimore State MD Zip Code 21297-0429</p> <p>Purpose of Disbursement phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90218.E3274</p> <p>Date of Disbursement 02 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 191.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PHONE SERVICE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 17464</p> <p>City Baltimore State MD Zip Code 21297-</p> <p>Purpose of Disbursement cell phone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90108.E3149</p> <p>Date of Disbursement 01 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 86.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CELL PHONE SERVICE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

614.20

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 47

<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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297-

Purpose of Disbursement
cell phone service

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90130.E3224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CELL PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 47

<input type="checkbox"/>	17	<input checked="" 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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
McDonnell for Governor

Transaction ID: 90403.E3414
Date of Disbursement

Mailing Address 2819 North Parham Rd., Ste. 210

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

City Richmond State VA Zip Code 23294-

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
IN-KIND admin/email 3/28/09 event

--

Category/
Type

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

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

2009 Primary

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 47

<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)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Chesapeake Republican City Committee

Mailing Address 108 Tidal Island Way

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
SPONSOR - AWARDS BANQUET

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90317.E3295

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	9

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00