

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

BOB GOODLATTE FOR CONGRESS COMMITTEE

ADDRESS (number and street)

P.O. Box 292

Check if different than previously reported. (ACC)

Roanoke

VA

24002

2. **FEC IDENTIFICATION NUMBER**

C C00257956

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

VA

06

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

11 / 27 / 2012

through

M M /

D D /

Y Y Y Y

12 / 31 / 2012

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

Type or Print Name of Treasurer Kenneth Prickitt

Signature of Treasurer Kenneth Prickitt

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

01 / 30 / 2013

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	205.00	5665.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	205.00	5165.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	47490.06	85385.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	1471.65	1471.65
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	46018.41	83913.42
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	513735.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	205.00	3705.00
(ii) Unitemized.....	0.00	200.00
(iii) TOTAL of contributions from individuals ▶	205.00	3905.00
(b) Political Party Committees.....	0.00	760.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	205.00	5665.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1471.65	1471.65
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	73.03	73.03
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	1749.68	7209.68

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	47490.06	85385.07
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	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	500.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	47990.06	86385.07

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	559975.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1749.68
25. SUBTOTAL (add Line 23 and Line 24).....	561725.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47990.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	513735.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N  
Transaction ID :

Form/Schedule:  
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 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)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel Eugene Woodard**

Mailing Address 187 Hewitt Road

City Swoope State VA Zip Code 24479-2207

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

Name of Employer n/a Occupation Student

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012

**Transaction ID : ABDC61974A79B4DC0878**

Amount of Each Receipt this Period  
 205.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

205.00

205.00

**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 7 OF 23	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**James Madison Univ. Catering-Aramark**

Mailing Address **JMU Festival Center MSC 4203**

City **Harrisonburg** State **VA** Zip Code **22807-0001**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **1471.65**

Date of Receipt  
 /  /

**Transaction ID : A5BAB7F6034514761AC1**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1471.65**

Refunded Check for Event  
 \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 /  /

Amount of Each Receipt this Period  
 \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_

Date of Receipt  
 /  /

Amount of Each Receipt this Period  
 \_\_\_\_\_

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

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

\_\_\_\_\_ **1471.65**

\_\_\_\_\_ **1471.65**

**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 8 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel Webb</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 4333 Electric Rd., Apt 2i		Amount of Each Disbursement this Period 255.40 <b>Transaction ID : B1E5C0893C1E14562B07</b>
City Roanoke	State VA	
Purpose of Disbursement Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012
Mailing Address 1111 Constitution Ave		Amount of Each Disbursement this Period 582.80 <b>Transaction ID : B386E72F7D8B145D7A01</b>
City Washington	State DC	
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Laura Bell Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address 4618 Latrobe PI		Amount of Each Disbursement this Period 3000.41 <b>Transaction ID : BA71E93B19C2E437E986</b>
City Alexandria	State VA	
Purpose of Disbursement Event Expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3838.61
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address Roanoke Road		Amount of Each Disbursement this Period 4275.00 <b>Transaction ID : BEA955BA9B9384A75B30</b>
City Daleville	State VA Zip Code 24083	
Purpose of Disbursement Postage for Mailing	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mamie Vest Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address 754 Welton Avenue		Amount of Each Disbursement this Period 2648.00 <b>Transaction ID : B4AFD2A3BF8A44AD2A64</b>
City Roanoke	State VA Zip Code 24015	
Purpose of Disbursement Graphic Design/Photography	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christine Suzanne Broughton</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2012
Mailing Address 52 Hollymeade Ln		Amount of Each Disbursement this Period 1884.28 <b>Transaction ID : B1D517391C0754F8BB27</b>
City Daleville	State VA Zip Code 24083-3625	
Purpose of Disbursement Payroll Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8807.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Engage LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2012
Mailing Address 707 8th St SE, Ste 200		Amount of Each Disbursement this Period 298.00 <b>Transaction ID : B1CD0CBEB4D44C8594E</b>
City Washington State DC Zip Code 20003-2862	Purpose of Disbursement Email/Web Hosting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel Webb</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2012
Mailing Address 4333 Electric Rd., Apt 2i		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : BE859AFA348C04C1CA31</b>
City Roanoke State VA Zip Code 24018-8430	Purpose of Disbursement Campaign Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Young &amp; Prickitt</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2012
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : B2E21CEC23BAC45D3963</b>
City Roanoke State VA Zip Code 24011	Purpose of Disbursement Accounting Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3798.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 5341 Fox Ridge Rd			Amount of Each Disbursement this Period 66.23 <b>Transaction ID : B6EEF77B92C784F65BC2</b>
City Roanoke	State VA	Zip Code 24018-8755	
Purpose of Disbursement Meals (no memo in aggregate of \$200.00)		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 5341 Fox Ridge Rd			Amount of Each Disbursement this Period 3568.13 <b>Transaction ID : B21F2F575444D4167B99</b>
City Roanoke	State VA	Zip Code 24018-8755	
Purpose of Disbursement Mileage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Robert W. Goodlatte</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 5341 Fox Ridge Rd			Amount of Each Disbursement this Period 16.00 <b>Transaction ID : B78C124A0494E4B9CA18</b>
City Roanoke	State VA	Zip Code 24018-8755	
Purpose of Disbursement Event Ticket		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3650.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address 5341 Fox Ridge Rd		Amount of Each Disbursement this Period 988.00 Transaction ID : BD03C7DA592B6408286A
City Roanoke	State VA	
Zip Code 24018-8755	Purpose of Disbursement Hostess Gift	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012
Mailing Address Roanoke Road		Amount of Each Disbursement this Period 90.00 Transaction ID : B0E370472932D4654BBF
City Daleville	State VA	
Zip Code 24083	Purpose of Disbursement Postage for Mailing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Virginia Dept of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 92.00 Transaction ID : BBA9EEDC28161458DBEC
City Richmond	State VA	
Zip Code 23218-1500	Purpose of Disbursement Withholding Tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012
Mailing Address 1111 Constitution Ave		Amount of Each Disbursement this Period 418.92 <b>Transaction ID : B88E5986321C84FA9BBA</b>
City Washington State DC Zip Code 20224	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2012
Mailing Address 4618 Latrobe Pl		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : B901100854D574CD3B3C</b>
City Alexandria State VA Zip Code 22311-4956	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2012
Mailing Address Roanoke Road		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : B67C42BCE286247BDB2B</b>
City Daleville State VA Zip Code 24083	Purpose of Disbursement Postage for Mailing	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5643.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Engage LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address 707 8th St SE, Ste 200		Amount of Each Disbursement this Period 49.00 <b>Transaction ID : B53FA06EDF90D4CD0A3A</b>
City Washington State DC Zip Code 20003-2862	Purpose of Disbursement Email/Web Hosting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address 1111 Constitution Ave		Amount of Each Disbursement this Period 2438.01 <b>Transaction ID : B7EF68320726A4286A3E</b>
City Washington State DC Zip Code 20224	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Digital Image Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 6150.43 <b>Transaction ID : B1CDA960622B44E9B8DA</b>
City Daleville State VA Zip Code 24083-2915	Purpose of Disbursement Printing Expense	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8637.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Virginia Dept of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 179.00 <b>Transaction ID : B87F8A725D51C4918825</b>
City Richmond	State VA Zip Code 23218-1500	
Purpose of Disbursement Withholding Tax	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hinaman &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2012
Mailing Address 703 Day Avenue		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : B135390CCF52E483C962</b>
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Campaign Consulting/Media/Strategy	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Roanoke Co. Republican Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address P. O. Box 20923		Amount of Each Disbursement this Period 1848.00 <b>Transaction ID : B139E05D34CEE4964899</b>
City Roanoke	State VA Zip Code 24018	
Purpose of Disbursement Transportation Expense	Candidate Name <b>Roanoke Co. Republican Committee</b>	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8027.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel Webb</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 4333 Electric Rd., Apt 2i		Amount of Each Disbursement this Period 741.45 <b>Transaction ID : BF188A5A5034C4873BEB</b>
City Roanoke	State VA	
Purpose of Disbursement Mileage		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel Webb</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 4333 Electric Rd., Apt 2i		Amount of Each Disbursement this Period 157.49 <b>Transaction ID : B8DFC0FEBAEF143C8924</b>
City Roanoke	State VA	
Purpose of Disbursement Van Rental		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. U.S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2012
Mailing Address Roanoke Road		Amount of Each Disbursement this Period 86.00 <b>Transaction ID : BC5BAFAB98FDA402CA06</b>
City Daleville	State VA	
Purpose of Disbursement PO Box Rental Fee		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	984.94
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address 4618 Latrobe Pl		Amount of Each Disbursement this Period 371.24 <b>Transaction ID : B82B7B9761A8B4FA7AB3</b>
City Alexandria	State VA	
Zip Code 22311-4956	Purpose of Disbursement Event Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Virginia Dept of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 251.00 <b>Transaction ID : BBA2446CD30444358B39</b>
City Richmond	State VA	
Zip Code 23218-1500	Purpose of Disbursement Withholding Tax	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. IContribute LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address P. O. Box 8522		Amount of Each Disbursement this Period 14.85 <b>Transaction ID : B7AEB49D0948C4FDDBDF</b>
City Falls Church	State VA	
Zip Code 22041-8522	Purpose of Disbursement Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	637.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Daniel Webb</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 4333 Electric Rd., Apt 2i		Amount of Each Disbursement this Period 571.48 <b>Transaction ID : B5CE55A128A8C4073AE8</b>
City Roanoke	State VA	
Purpose of Disbursement Expenses - itemized detail in memo (no memo in aggregate of \$200.00)		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Republican Party of Virginia</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 115 East Grace St.		Amount of Each Disbursement this Period 89.00 <b>Transaction ID : B2D98AE043AB84FA5BAC</b> <b>[MEMO ITEM]</b>
City Richmond	State VA	
Purpose of Disbursement Registration		Category/ Type
Candidate Name <b>Republican Party of Virginia</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Shell Gas</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 2011 Electric Road		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : B9BB5839F7A054C1F86F</b> <b>[MEMO ITEM]</b>
City Roanoke	State VA	
Purpose of Disbursement Gas for volunteers		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	571.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Marriott International</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 10400 Fernwood Road		Amount of Each Disbursement this Period 89.00
City Bethesda	State MD	
Zip Code 20817-1102	Purpose of Disbursement Lodging	Transaction ID : B21D21F7F5F324B1EA11 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dominos Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 3021 Brambleton Avenue, Southwest		Amount of Each Disbursement this Period 62.99
City Roanoke	State VA	
Zip Code 24015-4403	Purpose of Disbursement Meals for volunteers	Transaction ID : B546450125ECD4AAF964 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sprint PCS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address P. O. Box 219718		Amount of Each Disbursement this Period 49.50
City Kansas City	State MO	
Zip Code 64141-9718	Purpose of Disbursement Phone Expense	Transaction ID : BF7616F6A98A949B8824 <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

**A. Visa - #4748**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 30131

City Tampa State FL Zip Code 33630-3131

Purpose of Disbursement Campaign Expenses (no memo in aggregate of \$200.00)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2012

Amount of Each Disbursement this Period: 1735.56

Transaction ID : B9E81330BC8AA4CF49D9

**B. William Morris Endeavor Advertising**

Full Name (Last, First, Middle Initial)  
Mailing Address 1325 Avenue of the Americas

City New York State NY Zip Code 10019-6026

Purpose of Disbursement Advertising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2012

Amount of Each Disbursement this Period: 503.45

Transaction ID : B10B5B808444F41DB90B

[MEMO ITEM]

**c. Daily News Record**

Full Name (Last, First, Middle Initial)  
Mailing Address 231 S. Liberty St.

City Harrisonburg State VA Zip Code 22801

Purpose of Disbursement Advertising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2012

Amount of Each Disbursement this Period: 1015.75

Transaction ID : B5847D5568E2A4FC7BE1

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 1735.56

**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 21 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Rowe's Family Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 74 Rowe Rd		Amount of Each Disbursement this Period 69.46
City Staunton	State VA Zip Code 24401-6701	
Purpose of Disbursement Meal Expense	Candidate Name	Transaction ID : BE433C8661D79489BAFC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. The Recorder</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address P.O. Box 10		Amount of Each Disbursement this Period 90.00
City Monterey	State VA Zip Code 24465-0010	
Purpose of Disbursement Advertising Expense	Candidate Name	Transaction ID : BCACFB1BA95544885B48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Panera Bread</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 4202 Electric Road		Amount of Each Disbursement this Period 36.90
City Roanoke	State VA Zip Code 24018-0728	
Purpose of Disbursement Meal	Candidate Name	Transaction ID : B3C577CEA8C064075894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Chick-Fil-A</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2012
Mailing Address 2901 Candler Mountain Road		Amount of Each Disbursement this Period \$ 20.00
City Lynchburg	State VA Zip Code 24502-2211	
Purpose of Disbursement Meal Expense	Candidate Name	Transaction ID : <b>BD87F0D53F8894C58971</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ 0.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 46621.68

**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 23 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**BOB GOODLATTE FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Young Republican Federation of Virginia</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2012
Mailing Address 1276 N Wayne St Apt 408		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : BC0A192429A294F75B4A</b>
City Arlington	State VA	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name <b>Young Republican Federation of Virginia</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	500.00