

**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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00365692

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

07

01

2008

through

09

30

2008

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

01

08

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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Forbes for Congress

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 8

	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)).....	133261.14	651366.10
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	133261.14	649066.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	182549.01	627868.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	6001.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	182549.01	621866.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	342848.19	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Forbes for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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).....

82784.84

374663.11

(ii) Unitemized.....

12476.30

47549.25

(iii) TOTAL of contributions

95261.14

422212.36

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

38000.00

229153.74

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

133261.14

651366.10

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

6001.97

15. OTHER RECEIPTS

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

897.57

14297.76

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

134158.71

671665.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	182549.01	627868.27
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	2300.00
(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	2300.00
21. OTHER DISBURSEMENTS.....	5000.00	28473.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	187549.01	658641.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	396238.49
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	134158.71
25. SUBTOTAL (add Line 23 and Line 24).....	530397.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	187549.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	342848.19

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

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

FOR LINE NUMBER: PAGE 5 / 189

(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)

Samuel Adams

Mailing Address 532 Ingleside Ave

City

Emporia

State

VA

Zip Code

23847

FEC ID number of contributing
federal political committee.

C

Name of Employer
WH Chambliss Properties
Inc.

Occupation

real estate management

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: 80915.C11478

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)

Lofton Allen

Mailing Address 205 Shore Dr

City

Emporia

State

VA

Zip Code

23847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 8

Transaction ID: 80709.C11091

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Robert Bagley

Mailing Address 1548 Waterside Dr N

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11165

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)

2050.00

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 / 189

(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)

Warren Bain

Mailing Address 14512 Sleepy Hollow Rd.

City

Dinwiddie

State

VA

Zip Code

23841

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

farmer

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11565

Amount of Each Receipt this Period

600.00

Receipt

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

Full Name (Last, First, Middle Initial)

Thayer Baird

Mailing Address 14810 Birck Road

City

Carson

State

VA

Zip Code

23830-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baird Petroleum

Occupation

member

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11557

Amount of Each Receipt this Period

350.00

Receipt

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

Full Name (Last, First, Middle Initial)

Gary Barlow

Mailing Address 3347 Nansemond River Dr

City

Suffolk

State

VA

Zip Code

23435-0902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Franks Trucking Center In-
c.

Occupation

Professional

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: 80822.C11174

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1200.00

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 / 189

(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)

Shirley Bass

Mailing Address 313 White Dogwood Dr

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11064

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)

Larry Battle

Mailing Address 1017 Old Vintage Road

City

Chesapeake

State

VA

Zip Code

23322-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consolidated Logistics Ce-
nter

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11496

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)

Margaret Baynor

Mailing Address 928 Forest Glade Drive

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80822.C11146

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 189

(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)

Alan Bigley

Mailing Address 1622 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11577

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)

Gary Brandt

Mailing Address 3652 Sea Gull Bluff Drive

City

Virginia Beach

State

VA

Zip Code

23455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marine Hydraulics

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11439

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)

Nancy Briggs

Mailing Address 11719 Village Garden Court

City

Chester

State

VA

Zip Code

23831-1961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11167

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)

1350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 189

(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)

Peter Broadbent

Mailing Address 4804 Cary Street Road

City

Richmond

State

VA

Zip Code

23226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christian BentenOccupation
Attorney

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: 80822.C11181

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)

Kim Walter Brown

Mailing Address 2444 Ballahack Road

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Lebanon Missionary Ba-
ptistOccupation
Pastor

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: 80822.C11179

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)

Richard Broyhill

Mailing Address 10444 Jordan Pky

City

Hopewell

State

VA

Zip Code

23860

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

Transaction ID: 80822.C11120

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2050.00

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 / 189

(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)

David Budd

Mailing Address 19929 Westerly Ave

City

Poolesville

State

MD

Zip Code

20837

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMC Corporation

Occupation

Business Development Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: 80915.C11307

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)

David Burrows

Mailing Address 2301 Stanley Ave.

City

Roanoke

State

VA

Zip Code

24014-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	0	8

Transaction ID: 80822.C11232

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

David Burrows

Mailing Address 2301 Stanley Ave.

City

Roanoke

State

VA

Zip Code

24014-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: 80915.C11380

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)

450.00

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 11 / 189

(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)

Samuel Busch

Mailing Address 6021 Matoaca Rd.

City

Petersburg

State

VA

Zip Code

23803-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: 80822.C11216

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Shirley Cahoon

Mailing Address 861 Hillwell Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	8

Transaction ID: 80915.C11432

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

Scott W. Camp

Mailing Address 15600 Chesdin Landing Ter

City

Chesterfield

State

VA

Zip Code

23838-3242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Base Camp Development CoOccupation
Real Estate Development & Inve

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: 80822.C11199

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)

400.00

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 12 / 189

(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)

Christopher Challoner

Mailing Address 830 Shirley Ave.

City

Norfolk

State

VA

Zip Code

23517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Main Industries, Inc.

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11505

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

William Chorey

Mailing Address PO Box 1276

City

Suffolk

State

VA

Zip Code

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chorey & Associates Realty
Ltd

Occupation
real estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80822.C11223

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

William Chorey

Mailing Address PO Box 1276

City

Suffolk

State

VA

Zip Code

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chorey & Associates Realty
Ltd

Occupation
real estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11457

Amount of Each Receipt this Period

300.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1800.00

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 / 189

(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)

William Chorey

Mailing Address PO Box 1276

City

Suffolk

State

VA

Zip Code

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chorey & Associates Realty
LtdOccupation
real estate

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

Transaction ID: 80915.C11456

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)

Aubrey Samuel Clay

Mailing Address 25110 Courthouse Rd

City

Stony Creek

State

VA

Zip Code

23882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clay Home MedicalOccupation
President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	8

Transaction ID: 80822.C11151

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

J. Peter Clements

Mailing Address PO Box 57

City

Carson

State

VA

Zip Code

23830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank of Southside VirginiaOccupation
President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: 81003.C11580

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)

2100.00

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 / 189

(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 Clements

Mailing Address PO Box 10

City

Carson

State

VA

Zip Code

23830-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bank of Southside Virginia

Occupation

Banker

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11581

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)

William Clifford

Mailing Address 9678 25th Bay Street

City

Norfolk

State

VA

Zip Code

23518

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAE Systems Norfolk Ship
Repai

Occupation

President

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11443

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)

Willie Colston

Mailing Address 1329 Johnstown Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
REMAX

Occupation

realtor

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: 80915.C11416

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 189

(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)

Heather Cordasco

Mailing Address 4036 Ambassador Circle

City

Williamsburg

State

VA

Zip Code

23188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11152

Amount of Each Receipt this Period

280.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Heather Cordasco

Mailing Address 4036 Ambassador Circle

City

Williamsburg

State

VA

Zip Code

23188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11412

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Douglas Cornell

Mailing Address 14220 Helmsley Rd.

City

Midlothian

State

VA

Zip Code

23113-6476

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMC Corporation

Occupation

District Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11317

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

580.00

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 16 / 189

(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)

William Creecy

Mailing Address 700 Florida Ave

City

Portsmouth

State

VA

Zip Code

23707-1918

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sales Systems,

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	8

Transaction ID: 80709.C11074

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Christian Creteur

Mailing Address 3083 Tyre Neck Rd

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: 80915.C11324

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Juan Crofton

Mailing Address 475 Water Street

City

Portsmouth

State

VA

Zip Code

23704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crofton Industries

Occupation

diving & marine contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

Transaction ID: 80915.C11447

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)

1200.00

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 / 189

(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)

C. F. Currin Jr.

Mailing Address 5100 Ashton Creek Rd.

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing
federal political committee.

C

Name of Employer
RX3Occupation
pharmacist

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: 80822.C11208

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)

H. Benson Dendy

Mailing Address 1142 West Ave

City

Richmond

State

VA

Zip Code

23220-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vectre Corp.Occupation
President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	8

Transaction ID: 80822.C11166

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)

Anthony Doxey

Mailing Address 5328 Nansemond Pkwy

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: 80915.C11325

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

950.00

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 / 189

(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)

Lydia Duke

Mailing Address 840 Colonel Meade Dr.

City

Suffolk

State

VA

Zip Code

23434-7541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke AutomotiveOccupation
auto dealer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	8

Transaction ID: 80709.C11084

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Dalton Edge

Mailing Address 3113 Sherwood Dr.

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employedOccupation
farmer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: 80915.C11353

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)

Carleen Ellis

Mailing Address 6509 Carefree Ln Apt 303

City

Roanoke

State

VA

Zip Code

24019

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	8

Transaction ID: 80915.C11361

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)

1200.00

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 / 189

(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)

Thomas Epley

Mailing Address 904 Forest Lakes Circle

City	State	Zip Code
Chesapeake	VA	23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norship CoOccupation
Executive
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11437

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)

C. Raeford Eure

Mailing Address 124 Pinewood Road

City	State	Zip Code
Virginia Beach	VA	23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hoggard/Eure Associates
PCOccupation
President
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: 80822.C11226

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)

Charles Evans

Mailing Address 350 Greens Edge Drive

City	State	Zip Code
Chesapeake	VA	23322-8078

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Farm Insurance Comp-
aniesOccupation
insurance agent
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: 80915.C11328

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1200.00

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 / 189

(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)

Harold Gastler

Mailing Address 463 New Zealand Reach

City

Chesapeake

State

VA

Zip Code

23322-2251

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11466

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)

Judith Gastler

Mailing Address 463 New Zealand Reach

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11465

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)

Barbara Gerloff

Mailing Address 3112 Sherwood Dr

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 80822.C11127

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)

2100.00

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 / 189

(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)

Barbara Gerloff

Mailing Address 3112 Sherwood Dr

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11393

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

David Gibbs

Mailing Address 5172 W. Military Hwy., Ste A

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Aviation Assoc.
LLC

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81003.C11611

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)

Joan Gifford

Mailing Address 1923 E. Bayview Blvd.

City

Norfolk

State

VA

Zip Code

23503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11337

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1050.00

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 22 / 189

(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)

Rosalin Gilbert

Mailing Address 860 Hillwell Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 80915.C11377

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Thelma Gilbert

Mailing Address 860 Hillwell Road

City

Chesapeake

State

VA

Zip Code

23322-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 8

Transaction ID: 80915.C11376

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Woodson Gilliam

Mailing Address 12200 Webb Rd

City

Disputanta

State

VA

Zip Code

23842-7615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 80822.C11124

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

250.00

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 23 / 189

(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)

Thomas Godfrey

Mailing Address 805 S. Spigel Drive

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colomas Shipyard

Occupation

president/CEO

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11440

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)

Randolph Gould

Mailing Address 1801 Windy Ridge Point

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: 80915.C11250

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Elizabeth Grizzard

Mailing Address 10642 Lowground Road

City

Emporia

State

VA

Zip Code

23847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southside VA Community Co-
llege

Occupation

education

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11575

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)

1600.00

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 24 / 189

(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)

Larry Gunnin

Mailing Address 13314 Gladehill Rd

City

Chester

State

VA

Zip Code

23831-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Commonwealth Industries
Serv

Occupation

Manager

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11171

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Louis Haddad

Mailing Address 222 Central Park Ave Ste 2100

City

Virginia Beach

State

VA

Zip Code

23462-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armada Hoffer

Occupation

president/CEO

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80822.C11142

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)

H.A. Hall

Mailing Address 112 Cedar Rd

City

Chesapeake

State

VA

Zip Code

23322-5239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11264

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1350.00

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 25 / 189

(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)

Romayne Hardy

Mailing Address 5085 Indian Trail

City

State

Zip Code

Suffolk

VA

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Music Teacher

Receipt For: 2008

Election Cycle-to-Date ▼

☐ Primary ☒ General
☐ Other (specify) ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11268

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Patricia Harvey

Mailing Address 1739 Westover Ave.

City

State

Zip Code

Petersburg

VA

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
RBC

Occupation

college administrator

Receipt For: 2008

Election Cycle-to-Date ▼

☐ Primary ☒ General
☐ Other (specify) ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11542

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)

Marvin Hensley

Mailing Address 405 Jule Dr

City

State

Zip Code

Chesapeake

VA

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

Election Cycle-to-Date ▼

☐ Primary ☒ General
☐ Other (specify) ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11501

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)

650.00

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 26 / 189

(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)

L. Harold Higerson

Mailing Address 2830 S. Battlefield Blvd

City

Chesapeake

State

VA

Zip Code

23322-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Higerson Buchanan Contra-
ctors

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

Transaction ID: 80915.C11472

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)

William Hodsdon

Mailing Address 5101 Linkside Ct.

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towne Bank

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: 80915.C11357

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)

Maureen Hook

Mailing Address 3017 King Richard Way

City

Chesapeake

State

VA

Zip Code

23321-4572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake City Public Sc-
hools

Occupation

Teacher

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: 80822.C11221

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 189

(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)

Patricia Horne

Mailing Address 611 Temple Avenue

City

Emporia

State

VA

Zip Code

23847-2254

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Va. Regional Med.
Ctr

Occupation

Nuclear Med. Technologist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 8

Transaction ID: 80709.C11083

Amount of Each Receipt this Period

150.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Lorette Horsboll

Mailing Address 408 Woodberry Drive

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11315

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)

Margaret Horton

Mailing Address 5064 Bay Circle

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80822.C11222

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)

1650.00

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 28 / 189

(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)

Carter Hotchkiss

Mailing Address 204 Meadow Lane

City

Franklin

State

VA

Zip Code

23851-1843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachovia Securities, LLC

Occupation
managing director

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11582

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 Hotchkiss

Mailing Address 29507 Monroe Road

City

Franklin

State

VA

Zip Code

23851-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11321

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

William Hull

Mailing Address 7311 Barberry Ln

City

Norfolk

State

VA

Zip Code

23505-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11352

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)

2050.00

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 29 / 189

(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)

Donna Hulsey

Mailing Address 2901 Prince Of Wales Dr

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	8

Transaction ID: 80822.C11143

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

Hunton & Williams

Mailing Address 1900 K Street NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunton and Williams

Occupation

Law Firm

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: 81003.C11506

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)

James Jiral

Mailing Address 1617 Woodstock Ct

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: 80822.C11213

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

900.00

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 30 / 189

(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)

Samuel Johnson

Mailing Address 1594 Westover Ave.

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: 80915.C11284

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Samuel Johnson

Mailing Address 1594 Westover Ave.

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: 81003.C11541

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Robert Jones

Mailing Address 218 N Sparrow Rd

City

Chesapeake

State

VA

Zip Code

23325

FEC ID number of contributing
federal political committee.

C

Name of Employer
D D Jones Transfer and Wa-
rehou

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	8

Transaction ID: 80915.C11417

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)

1200.00

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 31 / 189

(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)

Richard Jordan

Mailing Address 6710 Woodpecker Rd

City

Chesterfield

State

VA

Zip Code

23838

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Veterinarian

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11051

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Richard Jordan

Mailing Address 6710 Woodpecker Rd

City

Chesterfield

State

VA

Zip Code

23838

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Veterinarian

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11433

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Warren Katz

Mailing Address 20 Fairfield Street

City

Boston

State

MA

Zip Code

02116-1326

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAK Technologies, Inc.

Occupation

Chief Operating Officer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: 80822.C11180

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)

1150.00

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 32 / 189

(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)

Martin Kelly

Mailing Address 1308 Prestwick Court

City

Chesapeake

State

VA

Zip Code

23320-9446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jo-Kell, Inc.Occupation
co-owner

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	8

Transaction ID: 80822.C11148

Amount of Each Receipt this Period

2300.00

Receipt

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

Full Name (Last, First, Middle Initial)

Rhonda Laufer

Mailing Address 22391 Riverpoint Trail

City

Carrollton

State

VA

Zip Code

23314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laufer Nationwide Insuran-
ce CoOccupation
insurance agent

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: 81003.C11487

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)

Victor Lavenstein

Mailing Address 1584 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	4	/	2	0	0	8

Transaction ID: 80915.C11391

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 189

(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)

Victor Lavenstein

Mailing Address 1584 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11550

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)

Jay Leftwich

Mailing Address 901 Hawley Ct

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basnight Kinser Telfeyan &
Lef

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11599

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)

Linda Legum

Mailing Address 501 Woodards Ford Road

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Larry Legum MD

Occupation

MD Assistant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11243

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 189

(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)

Jean Loxley-Barnard

Mailing Address 2113 Hickory Forest Drive

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Shopper, Inc.

Occupation

CEO/Publisher

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: 80915.C11369

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)

Benito Loyola

Mailing Address 3261 Wilderness Lane

City

Virginia Beach

State

VA

Zip Code

23456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola Enterprises

Occupation

President/owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 8

Transaction ID: 80709.C11086

Amount of Each Receipt this Period

25.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

L. Randolph Luton

Mailing Address 252 Bridgeview Cir

City

Chesapeake

State

VA

Zip Code

23322-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: 80822.C11175

Amount of Each Receipt this Period

25.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 189

(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)

L. Randolph Luton

Mailing Address 252 Bridgeview Cir

City

Chesapeake

State

VA

Zip Code

23322-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: 80822.C11227

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

William Magann

Mailing Address 3707 Hardwick Ter

City

Chesapeake

State

VA

Zip Code

23321-5716

FEC ID number of contributing
federal political committee.

C

Name of Employer
W.F. Magann Corporation

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11438

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)

Helen Marshall

Mailing Address 827 Susan Ave

City

Woodstock

State

VA

Zip Code

22664-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

Transaction ID: 80822.C11134

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 189

(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)

Helen Marshall

Mailing Address 827 Susan Ave

City

Woodstock

State

VA

Zip Code

22664-1133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: 80915.C11266

Amount of Each Receipt this Period

50.00

Receipt

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

Full Name (Last, First, Middle Initial)

Thomas Mastaglio

Mailing Address 913 Colonial Ave

City

Norfolk

State

VA

Zip Code

23507-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer
MYMIC LLC

Occupation

President & CEO

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11449

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)

Vincent Mastracco

Mailing Address PO Box 3697

City

Norfolk

State

VA

Zip Code

23514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaufman & Canoles

Occupation

Attorney

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11455

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)

2050.00

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 37 / 189

(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)

Peggy Jean Matthews

Mailing Address 528 S Centerville Tpk

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oceaneering International

Occupation

Regional Mge. Human Resources

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: 80915.C11368

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)

Douglas McClain

Mailing Address 149 Wilson Drive

City

Chesapeake

State

VA

Zip Code

23322-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11249

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Garrett McGehee

Mailing Address 4352 Lake Prince Drive

City

Suffolk

State

VA

Zip Code

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thistle Hill Prop. LLC

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11441

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1050.00

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 38 / 189

(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)

Davis Mellott

Mailing Address 4114 Mingo Trail

City

Chesapeake

State

VA

Zip Code

23325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Equipment Co-
rp

Occupation

owner/manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: 80915.C11370

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)

Eugenia Miller

Mailing Address P.O.Box 16297

City

Chesapeake

State

VA

Zip Code

23328-6297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11247

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Jerrold Miller

Mailing Address 2 Harper Ave

City

Portsmouth

State

VA

Zip Code

23707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earl Industries

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11436

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)

2100.00

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 39 / 189

(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)

Juan Montero

Mailing Address 524 Woodards Ford Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
surgeon

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11418

Amount of Each Receipt this Period

1250.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Joseph Morrisette

Mailing Address PO Box 255, 114 S Agnew St

City

Burkeville

State

VA

Zip Code

23922-0255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of Burkeville

Occupation
Mayor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11332

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)

Hilda Mosbey

Mailing Address PO Box 322

City

Sutherland

State

VA

Zip Code

23885-0322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11322

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1550.00

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 40 / 189

(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)

Brad Moses

Mailing Address 1601 Travis Pky

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
W. Taylor Johnson Co.

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: 81003.C11504

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

John Mullen

Mailing Address 3900 E Oak Dr

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harrisons Moving & Storage
Co

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Transaction ID: 80822.C11173

Amount of Each Receipt this Period

2300.00

Receipt

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

Full Name (Last, First, Middle Initial)

Lee Murphy

Mailing Address 2229 Laurel Cove Drive

City

Virginia Beach

State

VA

Zip Code

23454-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earl Industries

Occupation

ship repair

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	0	8

Transaction ID: 80915.C11444

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3300.00

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 41 / 189

(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)

John Murrell

Mailing Address 3816 Old Shell Road

City

Virginia Beach

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Chesapeake Land
Co.Occupation
Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: 80915.C11291

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)

Reginald Nelson

Mailing Address 7031 S Laburnum Rd

City

Richmond

State

VA

Zip Code

23231-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired farmerOccupation
Retired farmer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11468

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)

Kerry Nothnagel

Mailing Address 332 Woodberry Dr

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Transystems CorpOccupation
civil engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

Transaction ID: 80915.C11374

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 189

(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)

Michael Nowakowski

Mailing Address 4229 Foxxglen Run

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonnas Shipyard, Inc.

Occupation

VP Ship Repair

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: 81003.C11512

Amount of Each Receipt this Period

200.00

Receipt

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

Full Name (Last, First, Middle Initial)

Robert OBrien

Mailing Address 4841 Kempsville Greens Pkwy

City

Virginia Beach

State

VA

Zip Code

23462-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Financial Advisor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	8

Transaction ID: 80709.C11065

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)

Alton Owen

Mailing Address PO Box 326

City

Jarratt

State

VA

Zip Code

23867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owen Ford

Occupation

Upper Management

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: 80915.C11238

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

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 43 / 189

(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)

Alton Owen

Mailing Address PO Box 326

City

Jarratt

State

VA

Zip Code

23867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owen Ford

Occupation

Upper Management

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11574

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Viola Panman

Mailing Address 1152 Calle Maria

City

San Marcos

State

CA

Zip Code

92069-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11425

Amount of Each Receipt this Period

25.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Henry Parker

Mailing Address 14001 James River Drive

City

Hopewell

State

VA

Zip Code

23860-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkers Grocery

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11490

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)

1125.00

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 44 / 189

(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)

Charles Parkerson

Mailing Address 3735 Knotts Creek Ln

City State Zip Code
 Suffolk VA 23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Farms

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11431

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)

Apurva Patel

Mailing Address 123 Sleepy Point Way

City State Zip Code
 Suffolk VA 23435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11515

Amount of Each Receipt this Period

200.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

William Patton

Mailing Address 2066 Defense Road PO Box 167

City State Zip Code
 Petersburg VA 23805-0167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11561

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)

1700.00

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 45 / 189

(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)

G. W. Pegram

Mailing Address 3100 Shore Drive

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
physician

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: 81003.C11499

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Garred Pelfrey

Mailing Address 213 Honeycreek Ct

City

Colonial Hgts

State

VA

Zip Code

23834-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: 80822.C11230

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

George Pelton

Mailing Address 5232 Regatta Pointe Road

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Team Auto GroupOccupation
President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	8

Transaction ID: 80709.C11068

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

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 46 / 189

(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)

Jack Peoples

Mailing Address 1328 Head Of River Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
auctioneer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80822.C11145

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)

William Baxter Perkinson

Mailing Address 9441 West River Rd

City

Petersburg

State

VA

Zip Code

23803

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
dental surgeon

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11333

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Gayle Phillips

Mailing Address 17413 Carys Bridge Rd

City

Courtland

State

VA

Zip Code

23837-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/a

Occupation
homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11473

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1550.00

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 47 / 189

(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)

Michael Pitt

Mailing Address 100 Swimming Point Walk

City

Portsmouth

State

VA

Zip Code

23704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marcus Santos & Kojok

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11295

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Oliver Pollard

Mailing Address 1587 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired Judge

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 80822.C11113

Amount of Each Receipt this Period

200.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Ann Quesinberry

Mailing Address 108 Tidal Island Way

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81003.C11614

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

350.00

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 48 / 189

(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 Ramirez

Mailing Address 1200 N. Herndon St.

City

Arlington

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
C.I.A.

Occupation

Analyst

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: 80915.C11356

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)

WILLIAM RAMSEY

Mailing Address 605 Edgewood Arch

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation

Captain

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: 81003.C11529

Amount of Each Receipt this Period

25.00

Receipt

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

Full Name (Last, First, Middle Initial)

Frank Reidy

Mailing Address 515 Wilder Road

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
McClees Associates

Occupation

President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: 80822.C11187

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)

1275.00

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 49 / 189

(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)

Henry Respass

Mailing Address 400 Rivers Bend Cir

City

Chester

State

VA

Zip Code

23836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11590

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)

Patrick Reynolds

Mailing Address 2872 E. Point Drive

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashby Development

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11400

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)

Gaynelle Riddick

Mailing Address 109 Irving St

City

Franklin

State

VA

Zip Code

23851

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Tour Operator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80822.C11209

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 189

(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 Ritter

Mailing Address 732 Schoolhouse Road

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80822.C11207

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)

Brenda Romines

Mailing Address 23115 Homestead Lane

City

Franklin

State

VA

Zip Code

23851-2816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coldwell Banker Professional

Occupation
Admin-Asst

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80822.C11144

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

J. Van Rose

Mailing Address 5859 Harbour View Blvd., Ste. 201

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rose and Womble Realty

Occupation
realtor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11486

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1300.00

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 51 / 189

(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)

William Rountree

Mailing Address 421 Discovery Rd

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towne Bank

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11585

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)

Mack Saunders

Mailing Address 1012 Delaware Ave

City

Suffolk

State

VA

Zip Code

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: 80915.C11415

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

J. R. Schmidke

Mailing Address 4004 Nina Dr

City

Chesapeake

State

VA

Zip Code

23321-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: 80822.C11215

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)

450.00

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 52 / 189

(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)

Thomas Sentz

Mailing Address 33 Main St

City

Warrenton

State

VA

Zip Code

20186-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11041

Amount of Each Receipt this Period

25.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Thomas Sentz

Mailing Address 33 Main St

City

Warrenton

State

VA

Zip Code

20186-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11280

Amount of Each Receipt this Period

25.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Charles B. Settle

Mailing Address PO Box 131

City

Capron

State

VA

Zip Code

23829-0131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11525

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)

150.00

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 53 / 189

(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)

Timothy Shipe

Mailing Address 1304 Masters Ct

City

Chesapeake

State

VA

Zip Code

23320-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAI (Anesthesiology)

Occupation

Anesthesiology

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: 80915.C11304

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Madge Sims

Mailing Address 1308 Woodview Lair

City

Chesapeake

State

VA

Zip Code

23322-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: 80915.C11403

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)

Jacqueline Smith

Mailing Address 1944 Lancing Crest Lane

City

Chesapeake

State

VA

Zip Code

23323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

Transaction ID: 80822.C11149

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1100.00

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 54 / 189

(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)

I. Roland Specter

Mailing Address P.O. Box 1936

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
construction

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11170

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)

Joseph Sprankle

Mailing Address 901 Freers Court

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
investor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11296

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)

Peter Squire

Mailing Address 428 Laurel St

City

Emporia

State

VA

Zip Code

23847-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prince Squire Medical Ctr

Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11075

Amount of Each Receipt this Period

50.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

800.00

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 55 / 189

(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)

Robert Stanton

Mailing Address 101 W Main St Ste 470
World Trade Center

City State Zip Code
Norfolk VA 23510

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employed

Occupation
developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11316

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)

Ira Steingold

Mailing Address 9143 River Cres

City State Zip Code
Suffolk VA 23433-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steingold and Mendelson

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11159

Amount of Each Receipt this Period

50.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Albert Stewart

Mailing Address 2528 Montgomery Ave SW

City State Zip Code
Roanoke VA 24015-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11269

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)

1150.00

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 56 / 189

(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)

Carole Stockmeier

Mailing Address 1321 Baffly Loop

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	1	/	2	0	0	8

Transaction ID: 80822.C11108

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)

Bernard Syme

Mailing Address 1554 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: 80822.C11210

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Bernard Syme

Mailing Address 1554 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	8

Transaction ID: 81003.C11559

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)

450.00

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 57 / 189

(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)

William Talley

Mailing Address 146 N Sycamore St, PO Box 751

City

Petersburg

State

VA

Zip Code

23804

FEC ID number of contributing
federal political committee.

C

Name of Employer
William H. Talley & Son,
Inc.

Occupation

insurance & financial services

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11567

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)

William Talley

Mailing Address 400 Sandhurst Dr

City

Petersburg

State

VA

Zip Code

23805-7861

FEC ID number of contributing
federal political committee.

C

Name of Employer
William H. Talley & Son,
Inc.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11568

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)

Lowell Thomason

Mailing Address 20222 Talon Pt Dr

City

Petersburg

State

VA

Zip Code

23803

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation

Rental

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11546

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)

600.00

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 58 / 189

(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)

Carl Thornton

Mailing Address 5623 Upp St

City

Richmond

State

VA

Zip Code

23234

FEC ID number of contributing
federal political committee.

C

Name of Employer
BSV

Occupation
banking

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11549

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Warren Thrasher

Mailing Address 1400 Elbow Rd

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elbow Road Farm Inc

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80822.C11153

Amount of Each Receipt this Period

250.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

John Tietjen

Mailing Address 12 Saddleback Ln

City

Petersburg

State

VA

Zip Code

23805-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11256

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)

450.00

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 59 / 189

(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)

Michael Toalson

Mailing Address PO Box 462

City

Richmond

State

VA

Zip Code

23203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Bankers Associat-
ion

Occupation
banking

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80822.C11196

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)

Michael Torrech

Mailing Address 705 River Strand

City

Chesapeake

State

VA

Zip Code

23320-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tecnico Corp

Occupation
President & CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11446

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)

Charles Townes

Mailing Address 203 Norfolk Avenue

City

Colonial Heights

State

VA

Zip Code

23834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Townes Site Engineering

Occupation
civil engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11563

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 189

(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)

Mervin Troyer

Mailing Address 504 Woodards Ford Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Point

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11421

Amount of Each Receipt this Period

520.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Nina Troyer

Mailing Address 504 Woodards Ford Road

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/a

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11422

Amount of Each Receipt this Period

480.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Lynn Tucker

Mailing Address 15210 Boydton Plank Rd

City

Dinwiddie

State

VA

Zip Code

23841

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/a

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11554

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1250.00

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 61 / 189

(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)

Robert Tull, Jr.

Mailing Address 711 Firethorn Road

City

Chesapeake

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tull Financial Group

Occupation

financial planner

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11454

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)

George R. Van Laethem

Mailing Address 3500 Sun Jack Court

City

Chesapeake

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	0	8

Transaction ID: 80822.C11114

Amount of Each Receipt this Period

229.84

Receipt

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

Full Name (Last, First, Middle Initial)

John VanLandingham

Mailing Address 1177 Overbrook Rd

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: 80915.C11390

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)

579.84

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 62 / 189

(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)

John VanLandingham

Mailing Address 1177 Overbrook Rd

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11553

Amount of Each Receipt this Period

100.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Linda Vick

Mailing Address 29306 S. Main St., P.O.Box 204

City

Newsoms

State

VA

Zip Code

23874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11237

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Lindsey Vincent

Mailing Address PO Box 325

City

Skippers

State

VA

Zip Code

23879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Earth Peanut Co.

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: 80822.C11128

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

700.00

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 63 / 189

(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)

Lindsey Vincent

Mailing Address PO Box 325

City

Skippers

State

VA

Zip Code

23879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Earth Peanut Co.

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11424

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)

Judith Visco

Mailing Address 9403 Summercreek Drive

City

Chesterfield

State

VA

Zip Code

23832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80822.C11203

Amount of Each Receipt this Period

200.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Michael Volkov

Mailing Address 8 Persimmon Court

City

Bethesda

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickinson Wright PLLC

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11523

Amount of Each Receipt this Period

250.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 189

(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)

David Von Rump

Mailing Address 3204 Glebe Point Road

City

Suffolk

State

VA

Zip Code

23435-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCU Anesthesia Inc

Occupation

Anesthesiology

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11329

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

David Von Rump

Mailing Address 3204 Glebe Point Road

City

Suffolk

State

VA

Zip Code

23435-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCU Anesthesia Inc

Occupation

Anesthesiology

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11498

Amount of Each Receipt this Period

25.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Marilyn Walker

Mailing Address 608 Rebel Ridge Road

City

Colonial Heights

State

VA

Zip Code

23834-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/a

Occupation

homemaker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11576

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)

1075.00

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 65 / 189

(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)

James Weber

Mailing Address 1420 Waterside Drive S.

City	State	Zip Code
Chesapeake	VA	23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	8

Transaction ID: 81003.C11528

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

Charles Weir

Mailing Address 19355 Cypress Ridge Ter Unit 806

City	State	Zip Code
Leesburg	VA	20176-6916

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: 80822.C11195

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Charles Weir

Mailing Address 19355 Cypress Ridge Ter Unit 806

City	State	Zip Code
Leesburg	VA	20176-6916

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: 80915.C11281

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)

700.00

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 66 / 189

(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)

Daniel Welch

Mailing Address 932 Roayal Oak Close

City

Virginia Beach

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAE Systems Norfolk Ship
Repair

Occupation

President/Gen. Mgr.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11442

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)

Bonita Whitlow

Mailing Address 325 Sign Pine Rd

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11394

Amount of Each Receipt this Period

100.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)

Benjamin Williams

Mailing Address 1201 Murray Drive

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murray Farms LLC

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11461

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

1100.00

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 67 / 189

(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)

Donald Williams

Mailing Address 12107 Gordon School Rd

City	State	Zip Code
Richmond	VA	23236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natl U.S. General ServicesOccupation
abstractor/self
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11464

Amount of Each Receipt this Period

500.00

Receipt

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

Full Name (Last, First, Middle Initial)

John Williams

Mailing Address 638 Aguila Dr

City	State	Zip Code
Chesapeake	VA	23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: 80915.C11252

Amount of Each Receipt this Period

100.00

Receipt

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

Full Name (Last, First, Middle Initial)

Arthur Willoughby

Mailing Address 409 Rock Dr

City	State	Zip Code
Chesapeake	VA	23323

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired
 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: 80915.C11294

Amount of Each Receipt this Period

200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

800.00

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 68 / 189

(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)

Pamela Windrow

Mailing Address 912 Peacock Station Rd

City

McLean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Red Cross

Occupation
volunteer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11306

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)

W. Lewis Witt

Mailing Address 3712 White Heron Run

City

Chesapeake

State

VA

Zip Code

23325

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inner-View, LTD

Occupation
utility contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11314

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)

Raymond Wittersheim

Mailing Address 121 Brittany Lane

City

Suffolk

State

VA

Zip Code

23435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tecnico Corporation

Occupation
president/CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11445

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 189

(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)

Cleveland Wright

Mailing Address 1578 Westover Ave

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	8

Transaction ID: 81003.C11555

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)

Shirley Wright

Mailing Address 324 Bridgeview Cir

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Transaction ID: 81003.C11607

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)

600.00

TOTAL This Period (last page this line number only)

82784.84

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

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

FOR LINE NUMBER: PAGE 70 / 189

(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)

Adams Outdoor Advertising Inc PAC

Mailing Address 2802 Paces Ferry Rd., Ste. 200

City State Zip Code
 Atlanta GA 30339

FEC ID number of contributing
federal political committee.

C C00413930

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 4 / 2 0 0 8

Transaction ID: 80822.C11190

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)

Altria Group Inc. PAC

Mailing Address 101 Constitutional Ave NW, Suite 4

City State Zip Code
 Washington DC 20001

FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer
Altria Corporate Services
Inc.

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 1 / 2 0 0 8

Transaction ID: 80822.C11130

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)

Americas Fairs Carnival & Circuses PAC

Mailing Address PO Box 887

City State Zip Code
 Lorton VA 22199

FEC ID number of contributing
federal political committee.

C C00443887

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11519

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 71 / 189

(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)

American Hospital Association PAC

Mailing Address 325 Seventh St NW, Ste 700

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer
American Hospital Assn PAC

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: 80915.C11293

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)

Associated Builders & Contractors PAC

Mailing Address 4250 North Fairfax Dr., 9th Floor

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00010421

Name of Employer
Associated Builders & Con-
tract

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 8

Transaction ID: 80822.C11185

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)

BearingPoint Inc Public Services PAC

Mailing Address 1676 International Drive

City

Mc Lean

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C C00372086

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81003.C11606

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 72 / 189

(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)

Boehringer Ingelheim USA Corp. PAC

Mailing Address 3802 N Dittmar Road

City

Arlington

State

VA

Zip Code

22207-4565

FEC ID number of contributing
federal political committee.

C C00420398

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 8

Transaction ID: 81003.C11613

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)

Branch Bank & Trust PAC

Mailing Address 150 S. Stratford Rd., Ste. 401

City

Winston Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C C00075291

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11448

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)

Build PAC of Natl Assn Home Builders

Mailing Address 1201 15th Street NW

City

Washington

State

DC

Zip Code

20005-2800

FEC ID number of contributing
federal political committee.

C C00000901

Name of Employer
Build PAC of Natl Assn Ho-
me B

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11057

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 189

(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)
Chesapeake Energy Corporation Federal

Mailing Address PO Box 18576

City State Zip Code
Oklahoma City OK 73112

FEC ID number of contributing
federal political committee.

C C00389288

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11584

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)
Committee for Advancement of SE Cotton

Mailing Address 139 Prominence Ct Suite 110

City State Zip Code
Dawsonville GA 30534

FEC ID number of contributing
federal political committee.

C C00300426

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 80709.C11081

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)
Committee for Advancement of SE Cotton

Mailing Address 139 Prominence Ct Suite 110

City State Zip Code
Dawsonville GA 30534

FEC ID number of contributing
federal political committee.

C C00300426

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: 80915.C11475

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)

4500.00

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 74 / 189

(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)
Conocophillips Spirit PAC

Mailing Address 1010A Plaza Office Building

City State Zip Code
Bartlesville OK 74004

FEC ID number of contributing
federal political committee.

C C00112896

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11518

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)
Cosgrove for Delegate

Mailing Address PO Box 15483

City State Zip Code
Chesapeake VA 23328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11492

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)
CSX Corporation Good Government Fund

Mailing Address 1331 Pennsylvania Ave NW #560

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00163832

Name of Employer
CSX Good Government Fund

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11517

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 75 / 189

(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)
DRS Technologies Inc. Good Govt Fund

Mailing Address 5 Sylvan Way, Ste 500

City	State	Zip Code
Parsippany	NJ	07054

FEC ID number of contributing
federal political committee.**C** C00275123Name of Employer
DRS Technologies Inc. PAC

Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	0	8

Transaction ID: 80915.C11419

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)
Epsilon Systems Solutions, Inc. PAC

Mailing Address 1565 Hotel Circle South, Ste. 200

City	State	Zip Code
San Diego	CA	92108

FEC ID number of contributing
federal political committee.**C** C00437327

Name of Employer

Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	8

Transaction ID: 80915.C11435

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)
Federation of American Hospitals PAC

Mailing Address 801 Pennsylvania Ave., NW, Ste. 24

City	State	Zip Code
Washington	DC	20004-2604

FEC ID number of contributing
federal political committee.**C** C00002261

Name of Employer

Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

Transaction ID: 80822.C11141

Amount of Each Receipt this Period

1200.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2700.00

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 76 / 189

(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)

Foley & Lardner PAC

Mailing Address 3000 K Street, NW, Ste. 500

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C C00105338

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11589

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)

Friends of Sheriff John R. Newhart

Mailing Address PO Box 15101

City

Chesapeake

State

VA

Zip Code

23328-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newhart Campaign Fund

Occupation
political committee

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11489

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

Falls Church

State

VA

Zip Code

22042-4523

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer
General Dynamics Voluntary
PAC

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: 80915.C11389

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 77 / 189

(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)

General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00024869

Name of Employer
General Electric Company
PAC

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11516

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)

Hercules Inc. Voluntary PAC

Mailing Address 1313 N. Market Street

City

Wilmington

State

DE

Zip Code

19894

FEC ID number of contributing
federal political committee.

C C00402313

Name of Employer
Hercules Political Contri-
b. Co

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11520

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)

HSBC North America

Mailing Address 2700 Sanders Road

City

Prospect Heights

State

IL

Zip Code

60070

FEC ID number of contributing
federal political committee.

C C00033423

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 8

Transaction ID: 80709.C11088

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 78 / 189

(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)

Ingram for Delegate

Mailing Address 3302 Oaklawn Blvd.

City

Hopewell

State

VA

Zip Code

23860

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11566

Amount of Each Receipt this Period

50.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)

Kenneth M. Pritchett for Council

Mailing Address 1113 Overbrook Road

City

Petersburg

State

VA

Zip Code

23805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 8

Transaction ID: 81003.C11598

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)

Kraft Foods Global, Inc. PAC

Mailing Address 101 Constitution Ave., NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00077701

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11521

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)

1300.00

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 79 / 189

(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)

National Assn of Realtors PAC

Mailing Address 430 N Michigan Ave

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.**C** C00030718Name of Employer
Realtors PAC

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 8		2 6		2 0 0 8

Transaction ID: 80915.C11299

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)

Pete for Council

Mailing Address 3629 Mill Bridge Way

City

Chesapeake

State

VA

Zip Code

23323

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

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 9		1 8		2 0 0 8

Transaction ID: 81003.C11493

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)

Polsinelli Shalton Flanigan Suelthaus PC

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

City

Kansas City

State

MO

Zip Code

64112

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

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 9		2 9		2 0 0 8

Transaction ID: 81003.C11610

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 189

(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)

Psychiatric Solutions Fed PAC

Mailing Address 6640 Carothers Parkway, Ste. 500

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing
federal political committee.**C** C00407684

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8	/	2 0	/	2 0 0 8

Transaction ID: 80915.C11260

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)

Raytheon Company PAC

Mailing Address 1100 Wilson Boulevard, Ste 1500

City	State	Zip Code
Arlington	VA	22209-2297

FEC ID number of contributing
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	1 8	/	2 0 0 8

Transaction ID: 81003.C11524

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** C00300418Name of Employer
Science Applications Intl
PAC

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 9	/	2 0 0 8

Transaction ID: 81003.C11612

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 81 / 189

(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)
Suntrust Bank Good Govt Group Mid-Atlant

Mailing Address PO Box 26665

City State Zip Code
Richmond VA 23261

FEC ID number of contributing
federal political committee. **C** C00214965

Name of Employer
SunTrust Mid-Atlantic Bank
PAC

Occupation
banking

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: 80822.C11214

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)
Swedish Match PAC

Mailing Address 7300 Beaufont Springs Dr Ste 400

City State Zip Code
Richmond VA 23225

FEC ID number of contributing
federal political committee. **C** C00215053

Name of Employer
Swedish Match North Ameri-
ca, I

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4678.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: 81003.C11513

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)
Virginia Carolinas Peanut PAC

Mailing Address PO Box 8

City State Zip Code
Nashville NC 27856

FEC ID number of contributing
federal political committee. **C** C00185652

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 8

Transaction ID: 80915.C11300

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)

38000.00

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

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

FOR LINE NUMBER: PAGE 82 / 189

(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)

Branch Banking & Trust

Mailing Address 238 South Battlefield Blvd

City

Chesapeake

State

VA

Zip Code

23322-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13708.90

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: 80822.C11233

Amount of Each Receipt this Period

308.71

Other Receipt

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

B.

Full Name (Last, First, Middle Initial)

Branch Banking & Trust

Mailing Address 238 South Battlefield Blvd

City

Chesapeake

State

VA

Zip Code

23322-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14017.92

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2008

Transaction ID: 80915.C11480

Amount of Each Receipt this Period

309.02

Other Receipt

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

C.

Full Name (Last, First, Middle Initial)

Branch Banking & Trust

Mailing Address 238 South Battlefield Blvd

City

Chesapeake

State

VA

Zip Code

23322-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14297.76

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: 81007.C11621

Amount of Each Receipt this Period

279.84

Other Receipt

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

SUBTOTAL of Receipts This Page (optional)

897.57

TOTAL This Period (last page this line number only)

897.57

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Amelia County Fair Association Mailing Address PO Box 451	Transaction ID: 80822.E2527 Date of Disbursement <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City State Zip Code Amelia Court House VA 23002- Purpose of Disbursement event booth fee 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) ▼	Amount of Each Disbursement this Period <div>120.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT BOOTH FEE
B. Full Name (Last, First, Middle Initial) Amelia County Fair Association Mailing Address PO Box 451 City State Zip Code Amelia Court House VA 23002- Purpose of Disbursement event clean up deposit 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: 80822.E2528 Date of Disbursement <div> <div>08</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CLEAN UP DEPOSIT
C. Full Name (Last, First, Middle Initial) Applebees Mailing Address 1520 Sams Circle City State Zip Code Chesapeake VA 23320- 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: 80822.E2550 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>42.18</div> <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)

262.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Applebees	Transaction ID: 80915.E2653 Date of Disbursement
Mailing Address 1520 Sams Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 8 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period <div>46.13</div>
Purpose of Disbursement food & beverage Candidate Name <div>Category/Type</div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) Arena Communications	Transaction ID: 80915.E2637 Date of Disbursement
Mailing Address 1142 West 2320 South, Suite D	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Salt Lake City State UT Zip Code 84119-	Amount of Each Disbursement this Period <div>5618.25</div>
Purpose of Disbursement advertising Candidate Name <div>Category/Type</div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING
C. Full Name (Last, First, Middle Initial) Arena Communications	Transaction ID: 81003.E2769 Date of Disbursement
Mailing Address 1142 West 2320 South, Suite D	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div>
City Salt Lake City State UT Zip Code 84119-	Amount of Each Disbursement this Period <div>4802.75</div>
Purpose of Disbursement advertising Candidate Name <div>Category/Type</div>	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

10467.13

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 PageFOR LINE NUMBER:
(check only one)

PAGE 85 / 189

<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: 80822.E2469 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	9		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement service charge Candidate Name	<table border="1"> <tr> <td colspan="10">32.90</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </td> </tr> </table>	32.90										<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
32.90																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ SERVICE CHARGE																				
B. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 80822.E2432 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement hosting fee Candidate Name	<table border="1"> <tr> <td colspan="10">1800.00</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </td> </tr> </table>	1800.00										<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
1800.00																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ HOSTING FEE																				
C. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 80822.E2433 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement modification work Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </td> </tr> </table>	1000.00										<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53									
1000.00																					
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ MODIFICATION WORK																				

SUBTOTAL of Disbursements This Page (optional)

2832.90

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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: 80822.E2592 Date of Disbursement
Mailing Address 205 Pennsylvania Ave., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement service charges Candidate Name	Amount of Each Disbursement this Period <div>150.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGES
B. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 80822.E2593 Date of Disbursement
Mailing Address 205 Pennsylvania Ave., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement service charge Candidate Name	Amount of Each Disbursement this Period <div>186.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE
C. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 80915.E2608 Date of Disbursement
Mailing Address 205 Pennsylvania Ave., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement service charge Candidate Name	Amount of Each Disbursement this Period <div>27.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional)

363.75

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 80915.E2609 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	5		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement service charge Candidate Name	<table border="1"> <tr> <td colspan="10">189.40</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	189.40																			
189.40																					
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) Aristotle International, Inc.	Transaction ID: 80915.E2645 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement service charge Candidate Name	<table border="1"> <tr> <td colspan="10">78.25</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	78.25																			
78.25																					
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) Aristotle International, Inc.	Transaction ID: 80918.E2717 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave., SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	8												
City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period																				
Purpose of Disbursement service charge Candidate Name	<table border="1"> <tr> <td colspan="10">8.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	8.00																			
8.00																					
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)

275.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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: 80918.E2718 Date of Disbursement
Mailing Address 205 Pennsylvania Ave., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement service charge Candidate Name	Amount of Each Disbursement this Period <div>81.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE
B. Full Name (Last, First, Middle Initial) Aristotle International, Inc.	Transaction ID: 81003.E2756 Date of Disbursement
Mailing Address 205 Pennsylvania Ave., SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003- Purpose of Disbursement service charge Candidate Name	Amount of Each Disbursement this Period <div>33.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SERVICE CHARGE
C. Full Name (Last, First, Middle Initial) AT&T	Transaction ID: 80709.E2391 Date of Disbursement
Mailing Address PO Box 9001309	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Louisville State KY Zip Code 40290- Purpose of Disbursement phone service Candidate Name	Amount of Each Disbursement this Period <div>254.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

369.68

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 9001309	Transaction ID: 80822.E2434 Date of Disbursement <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>07 / 29 / 2008</div>
City Louisville State KY Zip Code 40290- Purpose of Disbursement phone service 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) ▼	Amount of Each Disbursement this Period <div>205.01</div> <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 Mailing Address PO Box 9001309 City Louisville State KY Zip Code 40290- Purpose of Disbursement phone service 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: 80915.E2599 Date of Disbursement <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>09 / 05 / 2008</div> Amount of Each Disbursement this Period <div>179.81</div> <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) AT&T Mailing Address PO Box 9001309 City Louisville State KY Zip Code 40290- Purpose of Disbursement phone service 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: 81003.E2745 Date of Disbursement <div> <div>M</div><div>M</div> / <div>D</div><div>D</div> / <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div> <div>09 / 29 / 2008</div> Amount of Each Disbursement this Period <div>124.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

509.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Best Buy Online	Transaction ID: 80709.E2400 Date of Disbursement
Mailing Address 1340 Greenbriar Pky	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-2898	Amount of Each Disbursement this Period <div>16.25</div>
Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Best Buy Online	Transaction ID: 80822.E2482 Date of Disbursement
Mailing Address 1340 Greenbriar Pky	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-2898	Amount of Each Disbursement this Period <div>24.76</div>
Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE SUPPLIES
C. Full Name (Last, First, Middle Initial) Blooming-Dales Florist	Transaction ID: 80822.E2516 Date of Disbursement
Mailing Address 335 - D Centerville Turnpike	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322-	Amount of Each Disbursement this Period <div>122.80</div>
Purpose of Disbursement flowers Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	FLOWERS

SUBTOTAL of Disbursements This Page (optional)

163.81

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

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
 BP Oil

Mailing Address 1216 S. Military Hwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
 gasoline

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E2402

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

GASOLINE

B.

Full Name (Last, First, Middle Initial)
 BP Oil

Mailing Address 1216 S. Military Hwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
 gasoline

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

GASOLINE

C.

Full Name (Last, First, Middle Initial)
 BP Oil

Mailing Address 1216 S. Military Hwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
 gasoline

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2689

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

GASOLINE

SUBTOTAL of Disbursements This Page (optional)

196.54

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) BP Oil Mailing Address 1216 S. Military Hwy	Transaction ID: 80915.E2676 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement gasoline 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>43.47</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GASOLINE
B. Full Name (Last, First, Middle Initial) BP Oil Mailing Address 1216 S. Military Hwy City Chesapeake State VA Zip Code 23320- Purpose of Disbursement gasoline 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: 80915.E2680 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>68.32</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GASOLINE
C. Full Name (Last, First, Middle Initial) California Pizza Kitchen Mailing Address 1201 S Hayes St City Arlington State VA Zip Code 22202- 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: 81003.E2768 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>36.26</div> </div> <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)

148.05

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Capitol Hill Club Mailing Address 300 First Street, SE	Transaction ID: 80822.E2435 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div>
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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>319.33</div> </div> <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) Capitol Hill Club Mailing Address 300 First Street, SE City Washington State DC Zip Code 20003- Purpose of Disbursement food & beverage & dues 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: 80822.E2517 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>613.45</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD & BEVERAGE & DUES
C. Full Name (Last, First, Middle Initial) CapitolHost Mailing Address Rb B-339B Rayburn House Office Bld City Washington State DC Zip Code 20515- Purpose of Disbursement event - catering 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: 80822.E2499 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>866.68</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT - CATERING

SUBTOTAL of Disbursements This Page (optional)

1799.46

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Carlyle Grand Cafe	Transaction ID: 80822.E2493 Date of Disbursement
Mailing Address 4000 South 28th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Arlington State VA Zip Code 22206-	Amount of Each Disbursement this Period
Purpose of Disbursement food & beverage Candidate Name	<div> <div>69.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
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
B. Full Name (Last, First, Middle Initial) Club Cedar Point Country Club	Transaction ID: 80822.E2518 Date of Disbursement
Mailing Address 8056 Clubhouse Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Suffolk State VA Zip Code 23433-	Amount of Each Disbursement this Period
Purpose of Disbursement golf event venue fee & catering Candidate Name	<div> <div>10003.47</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
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) ▼
	GOLF EVENT VENUE FEE & CATERING
C. Full Name (Last, First, Middle Initial) CER, Inc.	Transaction ID: 80822.E2436 Date of Disbursement
Mailing Address 1400 Old Atlantic Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23324-	Amount of Each Disbursement this Period
Purpose of Disbursement service on fire truck Candidate Name	<div> <div>3900.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
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 ON FIRE TRUCK

SUBTOTAL of Disbursements This Page (optional)

13973.75

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Chesapeake Rotary Club Endowment Fund

Mailing Address PO Box 1575

City State Zip Code
Chesapeake VA 23328-

Purpose of Disbursement
First Citizen of Chesapeake Award
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81003.E2723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

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

FIRST CITIZEN OF CHEASAPE-
AKE AWARD

B.

Full Name (Last, First, Middle Initial)
Chick-Fil-A

Mailing Address 205 Carmichael Way

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
food & beverage
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2575

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.79

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

FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
Mrs. Christiane Grubbs

Mailing Address 3911 Maury Place

City State Zip Code
Alexandria VA 22309-

Purpose of Disbursement
campaign consulting
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2439

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2250.00

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

CAMPAIGN CONSULTING

SUBTOTAL of Disbursements This Page (optional)

2413.79

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Mrs. Christiane Grubbs	Transaction ID: 80915.E2617
Mailing Address 3911 Maury Place	Date of Disbursement
Mailing Address 3911 Maury Place	<div> <div>MM / DD / YY</div> <div>08 / 28 / 2008</div> </div>
City Alexandria State VA Zip Code 22309-	Amount of Each Disbursement this Period
Purpose of Disbursement campaign consulting	<div> <div>Amount</div> <div>2250.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>CAMPAIGN CONSULTING</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Mrs. Christiane Grubbs	Transaction ID: 81003.E2747
Mailing Address 3911 Maury Place	Date of Disbursement
Mailing Address 3911 Maury Place	<div> <div>MM / DD / YY</div> <div>09 / 29 / 2008</div> </div>
City Alexandria State VA Zip Code 22309-	Amount of Each Disbursement this Period
Purpose of Disbursement campaign consulting	<div> <div>Amount</div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>CAMPAIGN CONSULTING</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Coeco Office Systems	Transaction ID: 80822.E2531
Mailing Address PO Box 2425	Date of Disbursement
Mailing Address PO Box 2425	<div> <div>MM / DD / YY</div> <div>08 / 13 / 2008</div> </div>
City Greenville State NC Zip Code 27836-	Amount of Each Disbursement this Period
Purpose of Disbursement copies	<div> <div>Amount</div> <div>254.44</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>COPIES</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

3504.44

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Coeco Office Systems	Transaction ID: 81003.E2724 Date of Disbursement
Mailing Address PO Box 2425	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>2</div> <div>5</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Greenville State NC Zip Code 27836-	Amount of Each Disbursement this Period
Purpose of Disbursement copies	<div> <div>10.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	COPIES
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Coeco Office Systems	Transaction ID: 81003.E2746 Date of Disbursement
Mailing Address PO Box 2425	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>2</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Greenville State NC Zip Code 27836-	Amount of Each Disbursement this Period
Purpose of Disbursement printer toner	<div> <div>10.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PRINTER TONER
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Continental Visinet Broadband	Transaction ID: 80822.E2437 Date of Disbursement
Mailing Address 4551 Cox Road, Suite 100	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>7</div> </div> <div> <div>2</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Glen Allen State VA Zip Code 23060-	Amount of Each Disbursement this Period
Purpose of Disbursement web hosting	<div> <div>40.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	WEB HOSTING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

61.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Continental Visinet Broadband	Transaction ID: 80822.E2519 Date of Disbursement
Mailing Address 4551 Cox Road, Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City State Zip Code Glen Allen VA 23060-	Amount of Each Disbursement this Period
Purpose of Disbursement web hosting Candidate Name	<div> <div>40.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type WEB HOSTING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Continental Visinet Broadband	Transaction ID: 80915.E2666 Date of Disbursement
Mailing Address 4551 Cox Road, Suite 100	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Glen Allen VA 23060-	Amount of Each Disbursement this Period
Purpose of Disbursement web hosting Candidate Name	<div> <div>40.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type WEB HOSTING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Court House Cafe	Transaction ID: 80822.E2496 Date of Disbursement
Mailing Address 350 Battlefield Blvd S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 8</div> </div>
City State Zip Code Chesapeake VA 23322-5312	Amount of Each Disbursement this Period
Purpose of Disbursement food & beverage Candidate Name	<div> <div>61.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type FOOD & BEVERAGE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

141.08

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Court House Cafe Mailing Address 350 Battlefield Blvd S	Transaction ID: 80822.E2485 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322-5312 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) ▼	Amount of Each Disbursement this Period <div>26.08</div> <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) Court House Cafe Mailing Address 350 Battlefield Blvd S	Transaction ID: 80822.E2560 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322-5312 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) ▼	Amount of Each Disbursement this Period <div>36.89</div> <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) Court House Cafe Mailing Address 350 Battlefield Blvd S	Transaction ID: 80822.E2561 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322-5312 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) ▼	Amount of Each Disbursement this Period <div>47.76</div> <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)

110.73

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe	Transaction ID: 80709.E2410 Date of Disbursement
Mailing Address 6428 Olde Bullocks Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Suffolk State VA Zip Code 23435- Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period <div>11.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe	Transaction ID: 80709.E2411 Date of Disbursement
Mailing Address 6428 Olde Bullocks Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Suffolk State VA Zip Code 23435- Purpose of Disbursement reimburse travel Candidate Name	Amount of Each Disbursement this Period <div>93.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSE TRAVEL
C. Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe	Transaction ID: 80714.E2423 Date of Disbursement
Mailing Address 6428 Olde Bullocks Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 8</div> </div>
City Suffolk State VA Zip Code 23435- Purpose of Disbursement payroll Candidate Name	Amount of Each Disbursement this Period <div>955.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1059.81

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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: 80822.E2429

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

955.02

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

PAYROLL

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: 80822.E2512

Date of Disbursement

08 / 13 / 2008

Amount of Each Disbursement this Period

955.03

☐ 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: 80915.E2611

Date of Disbursement

08 / 28 / 2008

Amount of Each Disbursement this Period

1455.47

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

3365.52

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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
reimburse travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2600

Date of Disbursement

/ /

Amount of Each Disbursement this Period

171.13

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

REIMBURSE 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
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2601

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.30

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 1332 Greenbriar Pkwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
reimburse for envelopes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90108.E3177

Date of Disbursement

/ /

Amount of Each Disbursement this Period

29.30

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

[MEMO ITEM]

MEMO: REIMBURSE FOR ENVELOPES

SUBTOTAL of Disbursements This Page (optional)

200.43

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) Mrs. Courtney Wolfe Mailing Address 6428 Olde Bullocks Circle	Transaction ID: 80915.E2639 Date of Disbursement <div> <div>09</div> <div>11</div> <div>2008</div> </div>
City Suffolk State VA Zip Code 23435- Purpose of Disbursement reimburse travel for 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) ▼	Amount of Each Disbursement this Period <div>60.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE TRAVEL FOR EVENT
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 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: 80915.E2644 Date of Disbursement <div> <div>09</div> <div>12</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>955.03</div> <input type="checkbox"/> 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 SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81003.E2725 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>160.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

1175.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Sams Club Mailing Address 1501 Sams Circle	Transaction ID: 90108.E3178 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement reimburse - water for 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) ▼	Amount of Each Disbursement this Period <div>160.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSE - WATER FOR EVENT
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 reimburse travel 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: 81003.E2726 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>172.61</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE TRAVEL
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 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: 81003.E2738 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>955.02</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1127.63

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Cox Communications Mailing Address PO Box 183124	Transaction ID: 80709.E2412 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43218-3124 Purpose of Disbursement cable & internet 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) ▼	Amount of Each Disbursement this Period <div>250.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE & INTERNET
B. Full Name (Last, First, Middle Initial) Cox Communications Mailing Address PO Box 183124	Transaction ID: 80822.E2520 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43218-3124 Purpose of Disbursement cable & internet 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) ▼	Amount of Each Disbursement this Period <div>265.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE & INTERNET
C. Full Name (Last, First, Middle Initial) Cox Communications Mailing Address PO Box 183124	Transaction ID: 80915.E2636 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div>
City Columbus State OH Zip Code 43218-3124 Purpose of Disbursement cable & internet 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) ▼	Amount of Each Disbursement this Period <div>265.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CABLE & INTERNET

SUBTOTAL of Disbursements This Page (optional)

780.80

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)

Cracker Barrel

Mailing Address 7363 Bell Creet Road

City Mechanicsville State VA Zip Code 23111-

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

Cracker Barrel

Mailing Address 7363 Bell Creet Road

City Mechanicsville State VA Zip Code 23111-

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2475

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

Cracker Barrel

Mailing Address 7363 Bell Creet Road

City Mechanicsville State VA Zip Code 23111-

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2669

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

107.09

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Cracker Barrel	Transaction ID: 80915.E2674 Date of Disbursement
Mailing Address 7363 Bell Creet Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 2 / 2 0 0 8</div> </div>
City Mechanicsville State VA Zip Code 23111- Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period <div>21.81</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) Cracker Barrel	Transaction ID: 81003.E2760 Date of Disbursement
Mailing Address 7363 Bell Creet Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City Mechanicsville State VA Zip Code 23111- Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period <div>12.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEVERAGE
C. Full Name (Last, First, Middle Initial) Creative Business Solutions	Transaction ID: 81003.E2727 Date of Disbursement
Mailing Address 334 Effingham Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>
City Portsmouth State VA Zip Code 23704- Purpose of Disbursement campaign - shirts Candidate Name	Amount of Each Disbursement this Period <div>405.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMPAIGN - SHIRTS

SUBTOTAL of Disbursements This Page (optional)

439.88

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) DeSigns Incorporated	Transaction ID: 81003.E2728 Date of Disbursement
Mailing Address 122 S.Battlefield Blvd	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement event signs Candidate Name	Amount of Each Disbursement this Period <div>204.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EVENT SIGNS
B. Full Name (Last, First, Middle Initial) Dominion Va Power	Transaction ID: 80709.E2392 Date of Disbursement
Mailing Address PO Box 26543	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 2 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23290-0001 Purpose of Disbursement utilities Candidate Name	Amount of Each Disbursement this Period <div>246.85</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type UTILITIES
C. Full Name (Last, First, Middle Initial) Dominion Va Power	Transaction ID: 80822.E2438 Date of Disbursement
Mailing Address PO Box 26543	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23290-0001 Purpose of Disbursement utilities Candidate Name	Amount of Each Disbursement this Period <div>300.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type UTILITIES

SUBTOTAL of Disbursements This Page (optional)

751.74

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Dominion Va Power Mailing Address PO Box 26543	Transaction ID: 80915.E2620 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23290-0001 Purpose of Disbursement utilities 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>368.79</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES
B. Full Name (Last, First, Middle Initial) Dominion Va Power Mailing Address PO Box 26543 City Richmond State VA Zip Code 23290-0001 Purpose of Disbursement utilities 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: 81003.E2729 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>269.16</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UTILITIES
C. Full Name (Last, First, Middle Initial) East Coast Entertainment Mailing Address PO Box 73210 City Richmond State VA Zip Code 23235- Purpose of Disbursement musicians for 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: 80822.E2466 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>750.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MUSICIANS FOR EVENT

SUBTOTAL of Disbursements This Page (optional)

1387.95

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Farm Fresh Mailing Address 309 S. Battlefield Dr	Transaction ID: 80822.E2497 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement event 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) ▼	Amount of Each Disbursement this Period <div>92.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) Farm Fresh Mailing Address 309 S. Battlefield Dr City Chesapeake State VA Zip Code 23322- 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: 80822.E2574 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>26.65</div> <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) Farm Fresh Mailing Address 309 S. Battlefield Dr City Chesapeake State VA Zip Code 23322- Purpose of Disbursement event 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: 80918.E2706 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>68.88</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

187.56

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Farm Fresh	Transaction ID: 80918.E2715
Mailing Address 309 S. Battlefield Dr	Date of Disbursement
City Chesapeake State VA Zip Code 23322-	<div> <div>09</div> <div>15</div> <div>2008</div> </div>
Purpose of Disbursement event food & beverage Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>57.62</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	EVENT FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) Food Lion	Transaction ID: 80822.E2489
Mailing Address 2048 Campostella Road	Date of Disbursement
City Chesapeake State VA Zip Code 23324-	<div> <div>07</div> <div>18</div> <div>2008</div> </div>
Purpose of Disbursement event food & beverage Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>38.71</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	EVENT FOOD & BEVERAGE
C. Full Name (Last, First, Middle Initial) Food Lion	Transaction ID: 80915.E2656
Mailing Address 2048 Campostella Road	Date of Disbursement
City Chesapeake State VA Zip Code 23324-	<div> <div>09</div> <div>08</div> <div>2008</div> </div>
Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div>1.81</div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<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)

98.14

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Food Lion Mailing Address 2048 Campostella Road	Transaction ID: 81003.E2781 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23324- Purpose of Disbursement event 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) ▼	Amount of Each Disbursement this Period <div> <div></div> <div>34.86</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) J. Randy Forbes Mailing Address 408 Parker Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement rent 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: 80822.E2441 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1475.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
C. Full Name (Last, First, Middle Initial) J. Randy Forbes Mailing Address 408 Parker Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement rent 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: 80915.E2616 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div></div> <div>1475.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT

SUBTOTAL of Disbursements This Page (optional)

2984.86

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) J. Randy Forbes Mailing Address 408 Parker Road	Transaction ID: 81003.E2748 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement rent 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) ▼	Amount of Each Disbursement this Period <div>1475.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT
B. Full Name (Last, First, Middle Initial) Franklin-Southampton County Fair Mailing Address 22094 Main St. City Courtland State VA Zip Code 23837- Purpose of Disbursement event booth fee 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: 80822.E2529 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT BOOTH FEE
C. Full Name (Last, First, Middle Initial) Grassfield High Football Team Mailing Address 2007 Grizzly Trail City Chesapeake State VA Zip Code 23323-6716 Purpose of Disbursement advertising 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: 80822.E2449 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress**A.**Full Name (Last, First, Middle Initial)
Greatbridge High School

Mailing Address 301 West Hanbury Road

City State Zip Code
Chesapeake VA 23322-4228Purpose of Disbursement
advertising

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2450

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	8	

Amount of Each Disbursement this Period

200.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**ADVERTISING****B.**Full Name (Last, First, Middle Initial)
H2O To Go, Inc.

Mailing Address 800 S. Battlefield Blvd.

City State Zip Code
Chesapeake VA 23322-6670Purpose of Disbursement
drinking water

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2440

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	8	

Amount of Each Disbursement this Period

105.16

☐ 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 State Zip Code
Chesapeake VA 23322-6670Purpose of Disbursement
drinking water

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2622

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	8	

Amount of Each Disbursement this Period

1252.90

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**DRINKING WATER****SUBTOTAL** of Disbursements This Page (optional)

1558.06

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) H2O To Go, Inc.	Transaction ID: 81003.E2730 Date of Disbursement
Mailing Address 800 S. Battlefield Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322-6670 Purpose of Disbursement drinking water Candidate Name	Amount of Each Disbursement this Period <div>21.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type DRINKING WATER
B. Full Name (Last, First, Middle Initial) Harris Teeter	Transaction ID: 80709.E2397 Date of Disbursement
Mailing Address 1216 Greenbrier Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement event food & beverage Candidate Name	Amount of Each Disbursement this Period <div>8.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EVENT FOOD & BEVERAGE
C. Full Name (Last, First, Middle Initial) Harris Teeter	Transaction ID: 80822.E2494 Date of Disbursement
Mailing Address 1216 Greenbrier Parkway	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period <div>9.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

38.44

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Hilton Garden Inn

Mailing Address 800 Southpark Blvd

City State Zip Code
Colonial Heights VA 23834-

Purpose of Disbursement
food & beverage
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2586
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)
Hampton Roads Utility

Mailing Address PO Box 1651

City State Zip Code
Norfolk VA 23501-1651

Purpose of Disbursement
utilities
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81003.E2722
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

UTILITIES

C.

Full Name (Last, First, Middle Initial)
Hunt Family Fiddlers

Mailing Address 384 Forest Road

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
musicians for event
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2618
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

MUSICIANS FOR EVENT

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
IContact Corporation

Mailing Address 2635 Meridian Parkway, Ste. 200

City Durham State NC Zip Code 27713-

Purpose of Disbursement
website expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2472

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

222.06

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

WEBSITE EXPENSE

B.

Full Name (Last, First, Middle Initial)
IContact Corporation

Mailing Address 2635 Meridian Parkway, Ste. 200

City Durham State NC Zip Code 27713-

Purpose of Disbursement
website expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2662

Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

192.32

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

WEBSITE EXPENSE

C.

Full Name (Last, First, Middle Initial)
IHOP

Mailing Address 1001 Frederick Blvd

City Portsmouth State VA Zip Code 23707-

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81003.E2780

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

37.21

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

FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

451.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
IRHS/Athletic Department

Mailing Address 1969 Braves Trail

City State Zip Code
Chesapeake VA 23325-4923

Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2451

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

ADVERTISING

B.

Full Name (Last, First, Middle Initial)
James T. Bailey

Mailing Address 4204 Winchester Drive

City State Zip Code
Portsmouth VA 23707-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E2413

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 9001309

City State Zip Code
Louisville KY 40290-

Purpose of Disbursement
reimburse - cell phone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90108.E3200

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

**MEMO: REIMBURSE - CELL PH-
ONE SERVICE**

SUBTOTAL of Disbursements This Page (optional)

459.64

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:
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive	Transaction ID: 80709.E2414 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Portsmouth State VA Zip Code 23707- Purpose of Disbursement reimburse travel 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) ▼	Amount of Each Disbursement this Period <div>159.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSE TRAVEL
B. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive City Portsmouth State VA Zip Code 23707- Purpose of Disbursement payroll 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: 80714.E2424 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1289.17</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
C. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive City Portsmouth State VA Zip Code 23707- Purpose of Disbursement payroll 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: 80822.E2430 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1289.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

2578.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
James T. Bailey

Mailing Address 4204 Winchester Drive

City Portsmouth State VA Zip Code 23707-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2536

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SEE BELOW

B.

Full Name (Last, First, Middle Initial)
AT&T

Mailing Address PO Box 9001309

City Louisville State KY Zip Code 40290-

Purpose of Disbursement
reimburse cell phone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90108.E3201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: REIMBURSE CELL PHONE
SERVICE

C.

Full Name (Last, First, Middle Initial)
James T. Bailey

Mailing Address 4204 Winchester Drive

City Portsmouth State VA Zip Code 23707-

Purpose of Disbursement
reimburse mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2537

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: REIMBURSE MILEAGE

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)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive	Transaction ID: 80822.E2513 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Portsmouth State VA Zip Code 23707- Purpose of Disbursement Payroll 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) ▼	Amount of Each Disbursement this Period <div>1909.68</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive City Portsmouth State VA Zip Code 23707- Purpose of Disbursement payroll 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: 80915.E2612 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>1289.17</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
C. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive City Portsmouth State VA Zip Code 23707- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80915.E2634 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>102.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

3301.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 9001309	Transaction ID: 90108.E3202 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Louisville State KY Zip Code 40290- Purpose of Disbursement reimburse cell phone service 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) ▼	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSE CELL PHONE SERVICE
B. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive City Portsmouth State VA Zip Code 23707- Purpose of Disbursement reimburse travel 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: 80915.E2635 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>52.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSE TRAVEL
C. Full Name (Last, First, Middle Initial) James T. Bailey Mailing Address 4204 Winchester Drive City Portsmouth State VA Zip Code 23707- Purpose of Disbursement payroll 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: 80915.E2643 Date of Disbursement <div> <div>09</div> <div>12</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1289.16</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional) ►

1289.16

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress**A.**Full Name (Last, First, Middle Initial)
James T. Bailey

Mailing Address 4204 Winchester Drive

City Portsmouth State VA Zip Code 23707-

Purpose of Disbursement
payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81003.E2740

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	8

Amount of Each Disbursement this Period

1289.18

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

PAYROLL

B.Full Name (Last, First, Middle Initial)
Joyce F. Hartman

Mailing Address 4400 Ballahack Road

City Chesapeake State VA Zip Code 23322-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E2415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Amount of Each Disbursement this Period

50.00

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

SEE BELOW

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

Mailing Address PO Box 17464

City Baltimore State MD Zip Code 21297-

Purpose of Disbursement
reimburse for cell phone service

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90108.E3170

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	8

Amount of Each Disbursement this Period

50.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: REIMBURSE FOR CELL
PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

1339.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road	Transaction ID: 80709.E2416 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement reimburse travel 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) ▼	Amount of Each Disbursement this Period <div>143.74</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE TRAVEL
B. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement payroll 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: 80714.E2425 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>674.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
C. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement payroll 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: 80822.E2431 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>674.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1492.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road	Transaction ID: 80822.E2514 Date of Disbursement <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement Payroll 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) ▼	Amount of Each Disbursement this Period <div>674.62</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement reimburse mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80822.E2535 Date of Disbursement <div> <div>08</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>54.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE MILEAGE
C. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80822.E2533 Date of Disbursement <div> <div>08</div> <div>13</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>125.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

854.36

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:
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☐ 20a ☐ 20b ☐ 20c ☐ 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	Transaction ID: 90108.E3171 Date of Disbursement <div> <div>08</div> <div>13</div> <div>2008</div> </div>
City Baltimore State MD Zip Code 21297- Purpose of Disbursement reimburse for cell phone service 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) ▼	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: REIMBURSE FOR CELL PHONE SERVICE
B. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement payroll 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: 80915.E2613 Date of Disbursement <div> <div>08</div> <div>28</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>674.63</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
C. Full Name (Last, First, Middle Initial) Joyce F. Hartman Mailing Address 4400 Ballahack Road City Chesapeake State VA Zip Code 23322- Purpose of Disbursement reimburse travel 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: 80915.E2630 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>166.43</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE TRAVEL

SUBTOTAL of Disbursements This Page (optional)

841.06

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress**A.**

Full Name (Last, First, Middle Initial)

Joyce F. Hartman

Mailing Address 4400 Ballahack Road

City State Zip Code
Chesapeake VA 23322-Purpose of Disbursement
reimburse travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

169.99

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

REIMBURSE TRAVEL

B.

Full Name (Last, First, Middle Initial)

Joyce F. Hartman

Mailing Address 4400 Ballahack Road

City State Zip Code
Chesapeake VA 23322-Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2632

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

80.45

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Harris Teeter

Mailing Address 1216 Greenbrier Parkway

City State Zip Code
Chesapeake VA 23320-Purpose of Disbursement
reimburse event food & beverage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 90108.E3176

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	0	8

Amount of Each Disbursement this Period

30.45

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**MEMO: REIMBURSE EVENT FOOD
& BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

250.44

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 90108.E3172
Mailing Address PO Box 17464	Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Baltimore State MD Zip Code 21297-	Amount of Each Disbursement this Period
Purpose of Disbursement reimburse for cell phone service	<div>50.00</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> State: District: </div>	[MEMO ITEM] MEMO: REIMBURSE FOR CELL PHONE SERVICE
B. Full Name (Last, First, Middle Initial) Joyce F. Hartman	Transaction ID: 80915.E2642
Mailing Address 4400 Ballahack Road	Date of Disbursement <div> <div>09</div> <div>12</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322-	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>674.62</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> State: District: </div>	PAYROLL
C. Full Name (Last, First, Middle Initial) Joyce F. Hartman	Transaction ID: 81003.E2741
Mailing Address 4400 Ballahack Road	Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322-	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div>674.63</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div> </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div> </div> </div> <div> State: District: </div>	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1349.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Kentucky Barrels LLC	Transaction ID: 80822.E2476 Date of Disbursement
Mailing Address P.O. Box 1684	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div>
City Danville State KY Zip Code 40423-	Amount of Each Disbursement this Period <div>300.00</div>
Purpose of Disbursement event decorations Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type EVENT DECORATIONS
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Kings Fork High School	Transaction ID: 80915.E2623 Date of Disbursement
Mailing Address 351 Kings Fork Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City Suffolk State VA Zip Code 23434-	Amount of Each Disbursement this Period <div>250.00</div>
Purpose of Disbursement advertising Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type ADVERTISING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Lakeland High School Athletic Program	Transaction ID: 80915.E2603 Date of Disbursement
Mailing Address 214 Kenyon Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 5 / 2 0 0 8</div> </div>
City Suffolk State VA Zip Code 23434-	Amount of Each Disbursement this Period <div>200.00</div>
Purpose of Disbursement advertising Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type ADVERTISING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)

Laura Murphy

Mailing Address 947 Unicorn Trail

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2614

Date of Disbursement

/ /

Amount of Each Disbursement this Period

458.75

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

PAYROLL

B.

Full Name (Last, First, Middle Initial)

Laura Murphy

Mailing Address 947 Unicorn Trail

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2665

Date of Disbursement

/ /

Amount of Each Disbursement this Period

198.34

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)

Sams Club

Mailing Address 1501 Sams Circle

City State Zip Code
Chesapeake VA 23320-

Purpose of Disbursement
reimburse - event trash cans

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 90108.E3199

Date of Disbursement

/ /

Amount of Each Disbursement this Period

198.34

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

[MEMO ITEM]

**MEMO: REIMBURSE - EVENT
TRASH CANS**

SUBTOTAL of Disbursements This Page (optional)

657.09

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Laura Murphy Mailing Address 947 Unicorn Trail	Transaction ID: 81003.E2742 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement payroll 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) ▼	Amount of Each Disbursement this Period <div>458.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B. Full Name (Last, First, Middle Initial) Lowes Mailing Address 1308 Battlefield Blvd N. City Chesapeake State VA Zip Code 23320- Purpose of Disbursement campaign signs 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: 80915.E2668 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>557.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN SIGNS
C. Full Name (Last, First, Middle Initial) Lowes Mailing Address 1308 Battlefield Blvd N. City Chesapeake State VA Zip Code 23320- Purpose of Disbursement campaign signs 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: 80915.E2671 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>59.33</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CAMPAIGN SIGNS

SUBTOTAL of Disbursements This Page (optional)

1075.88

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
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
 Lowes

Mailing Address 1308 Battlefield Blvd N.

City State Zip Code
 Chesapeake VA 23320-

Purpose of Disbursement
 campaign signs
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2655
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CAMPAIGN SIGNS

B.

Full Name (Last, First, Middle Initial)
 Maguire Insurance

Mailing Address One Bala Plaza, Ste 100

City State Zip Code
 Bala Cynwyd PA 19004-

Purpose of Disbursement
 insurance
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2679
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

INSURANCE

C.

Full Name (Last, First, Middle Initial)
 Jessica Mancari

Mailing Address 100 Luna Park Drive, #408

City State Zip Code
 Alexandria VA 22305-

Purpose of Disbursement
 consulting - website
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2426
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CONSULTING - WEBSITE

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Manchester High School

Mailing Address 12601 Bailey Bridge Road

City State Zip Code
Midlothian VA 23112-1805

Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2459

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

ADVERTISING

B.

Full Name (Last, First, Middle Initial)
Matoaca High School

Mailing Address 17700 Longhouse Lane

City State Zip Code
Chesterfield VA 23838-

Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81003.E2732

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

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

ADVERTISING

C.

Full Name (Last, First, Middle Initial)
Matthew Twine

Mailing Address 4733 Marlborough Drive

City State Zip Code
Virginia Beach VA 23464-

Purpose of Disbursement
musicians for event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2619

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1250.00

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

MUSICIANS FOR EVENT

SUBTOTAL of Disbursements This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Max Press Printing Mailing Address 920 Battlefield Blvd, Suite 100	Transaction ID: 80822.E2521 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement business cards 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) ▼	Amount of Each Disbursement this Period <div>225.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BUSINESS CARDS
B. Full Name (Last, First, Middle Initial) Max Press Printing Mailing Address 920 Battlefield Blvd, Suite 100	Transaction ID: 81003.E2733 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- 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) ▼	Amount of Each Disbursement this Period <div>314.75</div> <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) Max Press Printing Mailing Address 920 Battlefield Blvd, Suite 100	Transaction ID: 81003.E2749 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement business cards 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) ▼	Amount of Each Disbursement this Period <div>57.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BUSINESS CARDS

SUBTOTAL of Disbursements This Page (optional)

598.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Microsoft Corporation	Transaction ID: 80915.E2686 Date of Disbursement
Mailing Address One Microsoft Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Redmond State WA Zip Code 98052-6399	Amount of Each Disbursement this Period
Purpose of Disbursement computer software	<div> <div>319.20</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	COMPUTER SOFTWARE
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Midnet Media	Transaction ID: 80822.E2522 Date of Disbursement
Mailing Address 15 Jackson Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
City Minster State OH Zip Code 45865-	Amount of Each Disbursement this Period
Purpose of Disbursement website design	<div> <div>4625.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	WEBSITE DESIGN
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Molly Maid	Transaction ID: 80709.E2417 Date of Disbursement
Mailing Address 811 Juniper Crescent #2	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement office cleaning	<div> <div>85.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE CLEANING
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

5029.20

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Molly Maid Mailing Address 811 Juniper Crescent #2	Transaction ID: 80915.E2629 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement office cleaning 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) ▼	Amount of Each Disbursement this Period <div>170.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 OFFICE CLEANING
B. Full Name (Last, First, Middle Initial) Monteros Restaurant Mailing Address 414 McArthur Drive City Elizabeth City State NC Zip Code 27909- Purpose of Disbursement event catering 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: 80915.E2688 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2158.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT CATERING
C. 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 fundraising consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80709.E2393 Date of Disbursement <div> <div>07</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>4050.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FUNDRAISING CONSULTING

SUBTOTAL of Disbursements This Page (optional)

6378.18

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

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(check only one)

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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

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E2394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

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
event faxes & express mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80709.E2395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

EVENT FAXES & EXPRESS MAIL

C.

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
direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2442

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

DIRECT MAIL

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 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
fundraising consulting
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2507

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

4050.00

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

FUNDRAISING CONSULTING

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
postage
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2508

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

15.96

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

POSTAGE

C.

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
shipping charges
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2509

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

37.78

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

SHIPPING CHARGES

SUBTOTAL of Disbursements This Page (optional)

4103.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 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
direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2523

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

5336.65

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

DIRECT MAIL

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
fundraising consulting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2604

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

4050.00

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

FUNDRAISING CONSULTING

C.

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
event faxes & express mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2605

Date of Disbursement

09 / 05 / 2008

Amount of Each Disbursement this Period

105.60

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

EVENT FAXES & EXPRESS MAIL

SUBTOTAL of Disbursements This Page (optional)

9492.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 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

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2606

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.98

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

POSTAGE

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
direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2628

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1640.41

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

DIRECT MAIL

C.

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
direct mail

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81003.E2750

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2022.65

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

DIRECT MAIL

SUBTOTAL of Disbursements This Page (optional)

3776.04

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Ntegra IT Solutions, Inc.		Transaction ID: 80709.E2418 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		0	9		2	0	0	8													
Mailing Address 6037 Providence Rd Ste 4		Amount of Each Disbursement this Period <table border="1"> <tr> <td>129.99</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SERVICE MAINTENANCE	129.99																			
129.99																						
City Virginia Beach State VA Zip Code 23464-3817																						
Purpose of Disbursement service maintenance 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) Ntegra IT Solutions, Inc.		Transaction ID: 80822.E2443 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	9		2	0	0	8													
Mailing Address 6037 Providence Rd Ste 4		Amount of Each Disbursement this Period <table border="1"> <tr> <td>129.99</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SERVICE MAINTENANCE	129.99																			
129.99																						
City Virginia Beach State VA Zip Code 23464-3817																						
Purpose of Disbursement service maintenance 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) Ntegra IT Solutions, Inc.		Transaction ID: 80822.E2467 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	8													
Mailing Address 6037 Providence Rd Ste 4		Amount of Each Disbursement this Period <table border="1"> <tr> <td>479.36</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SERVER LICENSES	479.36																			
479.36																						
City Virginia Beach State VA Zip Code 23464-3817																						
Purpose of Disbursement server licenses 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)

739.34

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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
service maintenance
Candidate Name

Category/
Type

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

Transaction ID: 80822.E2470
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SERVICE MAINTENANCE

B.

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
hosting fee
Candidate Name

Category/
Type

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

Transaction ID: 80822.E2570
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

HOSTING FEE

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
hosting fee
Candidate Name

Category/
Type

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

Transaction ID: 80822.E2564
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

HOSTING FEE

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Ntegra IT Solutions, Inc. Mailing Address 6037 Providence Rd Ste 4	Transaction ID: 80822.E2524 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Virginia Beach State VA Zip Code 23464-3817 Purpose of Disbursement hosting fee 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) ▼	Amount of Each Disbursement this Period <div>29.97</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 HOSTING FEE
B. Full Name (Last, First, Middle Initial) Office Depot, Inc. Mailing Address 1412 Greenbrier Road 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: 80709.E2409 Date of Disbursement <div> <div>07</div> <div>02</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>62.99</div> <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) Office Depot, Inc. Mailing Address 1412 Greenbrier Road 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: 80822.E2471 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>33.97</div> <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)

126.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Office Depot, Inc	Transaction ID: 80822.E2556 Date of Disbursement
Mailing Address 1412 Greenbrier Road	<div> <div>08</div> <div>15</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div>17.84</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80709.E2403 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>07</div> <div>07</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div>222.62</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE SUPPLIES
C. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80709.E2406 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>07</div> <div>07</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div>118.15</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

358.61

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)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 1332 Greenbriar Pkwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2585
Date of Disbursement

/ /

Amount of Each Disbursement this Period

37.96

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

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 1332 Greenbriar Pkwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2566
Date of Disbursement

/ /

Amount of Each Disbursement this Period

58.76

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

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 1332 Greenbriar Pkwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
office supplies
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2554
Date of Disbursement

/ /

Amount of Each Disbursement this Period

19.41

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

116.13

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

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
 Office Max

Mailing Address 1332 Greenbriar Pkwy

City State Zip Code
 Chesapeake VA 23320-

Purpose of Disbursement
 office supplies
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2553
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.49

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

OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
 Office Max

Mailing Address 1332 Greenbriar Pkwy

City State Zip Code
 Chesapeake VA 23320-

Purpose of Disbursement
 office supplies
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2595
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

78.31

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

OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)
 Office Max

Mailing Address 1332 Greenbriar Pkwy

City State Zip Code
 Chesapeake VA 23320-

Purpose of Disbursement
 office supplies
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2677
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.26

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

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

157.06

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
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80915.E2648 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>09</div> <div>11</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period <div>80.12</div>
Purpose of Disbursement event office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT OFFICE SUPPLIES
B. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80918.E2707 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>09</div> <div>15</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period <div>75.58</div>
Purpose of Disbursement event office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT OFFICE SUPPLIES
C. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80918.E2714 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>09</div> <div>15</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period <div>40.90</div>
Purpose of Disbursement event office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

196.60

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 80918.E2693 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement event office supplies	<div> <div></div> <div>12.36</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT OFFICE SUPPLIES
State: District:	
B. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 81003.E2766 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 2 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div></div> <div>18.96</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES
State: District:	
C. Full Name (Last, First, Middle Initial) Office Max	Transaction ID: 81003.E2777 Date of Disbursement
Mailing Address 1332 Greenbriar Pkwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320-	Amount of Each Disbursement this Period
Purpose of Disbursement office supplies	<div> <div></div> <div>15.20</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES
State: District:	

SUBTOTAL of Disbursements This Page (optional)

46.52

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Oriental Trading Mailing Address 11201 Giles Road	Transaction ID: 80822.E2589 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div>
City La Vista State NE Zip Code 68128- Purpose of Disbursement event decorations 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) ▼	Amount of Each Disbursement this Period <div>62.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT DECORATIONS
B. Full Name (Last, First, Middle Initial) Oscar Smith High School Mailing Address 1994 Tiger Drive City Chesapeake State VA Zip Code 23320-6855 Purpose of Disbursement advertising 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: 80822.E2452 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>220.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
C. Full Name (Last, First, Middle Initial) Outback Steakhouse Mailing Address 355 Albemarle Square City Charlottesville State VA Zip Code 22901- 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: 80822.E2478 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>89.49</div> <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)

371.64

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
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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A.

Full Name (Last, First, Middle Initial)

Outback Steakhouse

Mailing Address 355 Albemarle Square

City Charlottesville State VA Zip Code 22901-

Purpose of Disbursement
 food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2685

Date of Disbursement

08 / 22 / 2008

Amount of Each Disbursement this Period

47.27

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

FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)

Outback Steakhouse

Mailing Address 355 Albemarle Square

City Charlottesville State VA Zip Code 22901-

Purpose of Disbursement
 food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81003.E2779

Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

57.45

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

FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)

Pattys Place

Mailing Address 321B Johnstown Rd.

City Chesapeake State VA Zip Code 23322-

Purpose of Disbursement
 food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2571

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

92.06

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

FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

196.78

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Petty Cash

Mailing Address PO Box 15100

City Chesapeake State VA Zip Code 23328-

Purpose of Disbursement
SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2538

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Office Max

Mailing Address 1332 Greenbriar Pkwy

City Chesapeake State VA Zip Code 23320-

Purpose of Disbursement
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2542

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

C.

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
office supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2544

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2539

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)
PF Changs

Mailing Address 4450 Virginia Beach Blvd

City State Zip Code
Virginia Beach VA 23462-

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2684

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
PF Changs

Mailing Address 4450 Virginia Beach Blvd

City State Zip Code
Virginia Beach VA 23462-

Purpose of Disbursement
food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81003.E2782

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

FOOD & BEVERAGE

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)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Pollards Catering	Transaction ID: 81003.E2751 Date of Disbursement
Mailing Address 2316 Virginia Beach Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Virginia Beach State VA Zip Code 23454- Purpose of Disbursement event catering Candidate Name	Amount of Each Disbursement this Period <div>6000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EVENT CATERING
B. Full Name (Last, First, Middle Initial) Powhatan County Fair Association	Transaction ID: 80822.E2427 Date of Disbursement
Mailing Address 3450 Kenneth Ridge Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Powhatan State VA Zip Code 23139- Purpose of Disbursement event - booth fee Candidate Name	Amount of Each Disbursement this Period <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type EVENT - BOOTH FEE
C. Full Name (Last, First, Middle Initial) ProBuild East LLC	Transaction ID: 81003.E2752 Date of Disbursement
Mailing Address 404 Greentree Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement campaign signs Candidate Name	Amount of Each Disbursement this Period <div>403.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type CAMPAIGN SIGNS

SUBTOTAL of Disbursements This Page (optional)

6703.67

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Public Opinion Strategies, LLC

Mailing Address 214 North Fayette Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
polling expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80709.E2396

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POLLING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Red Hot And Blue

Mailing Address 169 Hillwood Ave.

City Falls Church State VA Zip Code 22046-

Purpose of Disbursement
catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81003.E2757

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

CATERING

C.

Full Name (Last, First, Middle Initial)
Roberts Oxygen Company Inc.

Mailing Address 15830 Redland Rd., PO Box 5507

City Derwood State MD Zip Code 20855-

Purpose of Disbursement
event helium

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2687

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

EVENT HELIUM

SUBTOTAL of Disbursements This Page (optional)

18899.62

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Roberts Oxygen Company Inc.	Transaction ID: 80915.E2664 Date of Disbursement
Mailing Address 15830 Redland Rd., PO Box 5507	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City Derwood State MD Zip Code 20855-	Amount of Each Disbursement this Period
Purpose of Disbursement event helium	<div> <div>20.11</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	EVENT HELIUM
B. Full Name (Last, First, Middle Initial) Ms. Ryan L. Fierst	Transaction ID: 80822.E2515 Date of Disbursement
Mailing Address 14601 Houghton Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 3 / 2 0 0 8</div> </div>
City Chesterfield State VA Zip Code 23832-	Amount of Each Disbursement this Period
Purpose of Disbursement Payroll	<div> <div>597.43</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL
C. Full Name (Last, First, Middle Initial) Ms. Ryan L. Fierst	Transaction ID: 80915.E2615 Date of Disbursement
Mailing Address 14601 Houghton Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City Chesterfield State VA Zip Code 23832-	Amount of Each Disbursement this Period
Purpose of Disbursement payroll	<div> <div>1198.25</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1815.79

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Ms. Ryan L. Fierst Mailing Address 14601 Houghton Street	Transaction ID: 80915.E2626 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Chesterfield State VA Zip Code 23832- Purpose of Disbursement event - GOP event tickets Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>61.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT - GOP EVENT TICKETS
B. Full Name (Last, First, Middle Initial) Ms. Ryan L. Fierst Mailing Address 14601 Houghton Street City Chesterfield State VA Zip Code 23832- Purpose of Disbursement reimburse travel 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: 80915.E2627 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>276.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSE TRAVEL
C. Full Name (Last, First, Middle Initial) Ms. Ryan L. Fierst Mailing Address 14601 Houghton Street City Chesterfield State VA Zip Code 23832- Purpose of Disbursement payroll 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: 80915.E2641 Date of Disbursement <div> <div>09</div> <div>12</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1198.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL

SUBTOTAL of Disbursements This Page (optional)

1536.28

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Ms. Ryan L. Fierst Mailing Address 14601 Houghton Street	Transaction ID: 81003.E2743 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code Chesterfield VA 23832- Purpose of Disbursement payroll 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) ▼	Amount of Each Disbursement this Period <div>1198.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
B. Full Name (Last, First, Middle Initial) Sams Club Mailing Address 1501 Sams Circle City State Zip Code Chesapeake VA 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: 80822.E2491 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>531.68</div> <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) Sams Club Mailing Address 1501 Sams Circle City State Zip Code Chesapeake VA 23320- Purpose of Disbursement event 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: 80822.E2569 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>37.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

1767.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Sams Club Mailing Address 1501 Sams Circle	Transaction ID: 80915.E2654 Date of Disbursement <div> <div>09</div> <div>08</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement event 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) ▼	Amount of Each Disbursement this Period <div>29.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) Sams Club Mailing Address 1501 Sams Circle City Chesapeake State VA Zip Code 23320- Purpose of Disbursement event 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: 80918.E2709 Date of Disbursement <div> <div>09</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>299.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE
C. Full Name (Last, First, Middle Initial) Sandra Canada Mailing Address 3620 Holly Road City Virginia Beach State VA Zip Code 23451- Purpose of Disbursement blast faxes 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: 80822.E2465 Date of Disbursement <div> <div>07</div> <div>30</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BLAST FAXES

SUBTOTAL of Disbursements This Page (optional)

429.27

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive	Transaction ID: 80822.E2454 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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) ▼	Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
B. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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: 80822.E2455 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
C. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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: 80822.E2456 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive	Transaction ID: 80822.E2457 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div>
City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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) ▼	Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
B. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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: 80822.E2458 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
C. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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: 80822.E2460 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive	Transaction ID: 80822.E2461 Date of Disbursement <div> <div>07</div> <div>30</div> <div>2008</div> </div>
City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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) ▼	Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
B. Full Name (Last, First, Middle Initial) Scholastic Sports Inc. Mailing Address 1231 Mall Drive City Richmond State VA Zip Code 23235-4737 Purpose of Disbursement advertising 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: 80822.E2462 Date of Disbursement <div> <div>07</div> <div>30</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>200.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ADVERTISING
C. Full Name (Last, First, Middle Initial) Shell Mailing Address 1426 Holland Road City Suffolk State VA Zip Code 23434-6317 Purpose of Disbursement gasoline 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: 80822.E2579 Date of Disbursement <div> <div>08</div> <div>06</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>88.64</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 GASOLINE

SUBTOTAL of Disbursements This Page (optional)

488.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial)
 Southern Atlantic Screen Print Co.

Mailing Address 3700 Profit Way

City Chesapeake State VA Zip Code 23323-

Purpose of Disbursement
 event - yard signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2649

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2090.55

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

EVENT - YARD SIGNS

B. Full Name (Last, First, Middle Initial)
 Southern Atlantic Screen Print Co.

Mailing Address 3700 Profit Way

City Chesapeake State VA Zip Code 23323-

Purpose of Disbursement
 event - banners

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2650

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1212.75

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

EVENT - BANNERS

C. Full Name (Last, First, Middle Initial)
 Southern Atlantic Screen Print Co.

Mailing Address 3700 Profit Way

City Chesapeake State VA Zip Code 23323-

Purpose of Disbursement
 event - banners

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2651

Date of Disbursement

/ /

Amount of Each Disbursement this Period

211.90

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

EVENT - BANNERS

SUBTOTAL of Disbursements This Page (optional)

3515.20

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Southern Atlantic Screen Print Co. Mailing Address 3700 Profit Way	Transaction ID: 81003.E2734 Date of Disbursement <div> <div>09</div> <div>25</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23323- Purpose of Disbursement yard signs 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) ▼	Amount of Each Disbursement this Period <div>5371.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 YARD SIGNS
B. Full Name (Last, First, Middle Initial) Southern Atlantic Screen Print Co. Mailing Address 3700 Profit Way City Chesapeake State VA Zip Code 23323- Purpose of Disbursement yard signs 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: 81003.E2735 Date of Disbursement <div>09</div> <div>25</div> <div>2008</div> Amount of Each Disbursement this Period <div>5559.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 YARD SIGNS
C. Full Name (Last, First, Middle Initial) Special Events Inc. Mailing Address 1248 N. George Washington City Chesapeake State VA Zip Code 23323- Purpose of Disbursement event banquet equip rental 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: 80822.E2572 Date of Disbursement <div>08</div> <div>11</div> <div>2008</div> Amount of Each Disbursement this Period <div>1063.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT BANQUET EQUIP RENTAL

SUBTOTAL of Disbursements This Page (optional)

11994.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
Special Events Inc.

Mailing Address 1248 N. George Washington

City State Zip Code
Chesapeake VA 23323-

Purpose of Disbursement
event banquet equip rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81003.E2759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2255.06

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

EVENT BANQUET EQUIP RENTAL

B.

Full Name (Last, First, Middle Initial)
Spivey Rentals

Mailing Address 1209 International Plz

City State Zip Code
Chesapeake VA 23323-

Purpose of Disbursement
event equip rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2590

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

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

EVENT EQUIP RENTAL

C.

Full Name (Last, First, Middle Initial)
Spivey Rentals

Mailing Address 1209 International Plz

City State Zip Code
Chesapeake VA 23323-

Purpose of Disbursement
event equip rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80918.E2716

Date of Disbursement

/ /

Amount of Each Disbursement this Period

666.25

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

EVENT EQUIP RENTAL

SUBTOTAL of Disbursements This Page (optional)

3321.31

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Target	Transaction ID: 80822.E2568 Date of Disbursement
Mailing Address 233 Carmichael Way	<div> <div>MM / DD / YY</div> <div>08 / 11 / 2008</div> </div>
City Chesapeake State VA Zip Code 23322-	Amount of Each Disbursement this Period <div>17.77</div>
Purpose of Disbursement event gift bags Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT GIFT BAGS
B. Full Name (Last, First, Middle Initial) Target	Transaction ID: 80915.E2646 Date of Disbursement
Mailing Address 233 Carmichael Way	<div> <div>MM / DD / YY</div> <div>09 / 12 / 2008</div> </div>
City Chesapeake State VA Zip Code 23322-	Amount of Each Disbursement this Period <div>40.96</div>
Purpose of Disbursement event food & beverage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	EVENT FOOD & BEVERAGE
C. Full Name (Last, First, Middle Initial) Target	Transaction ID: 81003.E2771 Date of Disbursement
Mailing Address 233 Carmichael Way	<div> <div>MM / DD / YY</div> <div>09 / 26 / 2008</div> </div>
City Chesapeake State VA Zip Code 23322-	Amount of Each Disbursement this Period <div>18.65</div>
Purpose of Disbursement office supplies Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

77.38

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

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) Texas Roadhouse	Transaction ID: 80822.E2487 Date of Disbursement
Mailing Address 1546 Sams Circle	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 1 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period <div>71.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEVERAGE
B. Full Name (Last, First, Middle Initial) The Cincinnati Cos	Transaction ID: 81003.E2753 Date of Disbursement
Mailing Address PO Box 98584	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
City Chicago State IL Zip Code 60693- Purpose of Disbursement insurance premium Candidate Name	Amount of Each Disbursement this Period <div>452.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INSURANCE PREMIUM
C. Full Name (Last, First, Middle Initial) The Olive Garden	Transaction ID: 80709.E2399 Date of Disbursement
Mailing Address 1631 Ring Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 8 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement food & beverage Candidate Name	Amount of Each Disbursement this Period <div>65.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

588.56

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) The Olive Garden Mailing Address 1631 Ring Road	Transaction ID: 80822.E2594 Date of Disbursement <div> <div>08</div> <div>21</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- 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) ▼	Amount of Each Disbursement this Period <div>29.97</div> <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) The Olive Garden Mailing Address 1631 Ring Road	Transaction ID: 80915.E2667 Date of Disbursement <div> <div>08</div> <div>27</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- 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) ▼	Amount of Each Disbursement this Period <div>46.84</div> <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) The Olive Garden Mailing Address 1631 Ring Road	Transaction ID: 80915.E2657 Date of Disbursement <div> <div>09</div> <div>09</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- 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) ▼	Amount of Each Disbursement this Period <div>64.26</div> <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) ►

141.07

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 1st St., SE	Transaction ID: 80918.E2697 Date of Disbursement <div> <div>09</div> <div>16</div> <div>2008</div> </div>
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) ▼	Amount of Each Disbursement this Period <div>29.04</div> <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: 81003.E2773 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>48.70</div> <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) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S. City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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: 80822.E2501 Date of Disbursement <div> <div>07</div> <div>10</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>177.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)

255.69

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1100 Battlefield Blvd. S.</p> <p>City Chesapeake State VA Zip Code 23322-</p> <p>Purpose of Disbursement postage</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: 80822.E2498</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="84.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>POSTAGE</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1100 Battlefield Blvd. S.</p> <p>City Chesapeake State VA Zip Code 23322-</p> <p>Purpose of Disbursement postage</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: 80822.E2488</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.69"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>POSTAGE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1100 Battlefield Blvd. S.</p> <p>City Chesapeake State VA Zip Code 23322-</p> <p>Purpose of Disbursement postage</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: 80822.E2483</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="53.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>POSTAGE</p>

SUBTOTAL of Disbursements This Page (optional)

231.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80822.E2481 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 4 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>7.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE
B. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80822.E2479 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 8 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>6.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE
C. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80822.E2474 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>29.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE

SUBTOTAL of Disbursements This Page (optional)

42.88

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2473

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

B.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2584

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

C.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80915.E2682

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

44.70

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2581

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.00

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

POSTAGE

B.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2577

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.02

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

POSTAGE

C.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2576

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.85

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

49.87

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

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2567

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.00

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

POSTAGE

B.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2562

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.00

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

POSTAGE

C.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2559

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

135.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2555

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.00

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

POSTAGE

B.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2551

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

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

POSTAGE

C.

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

Mailing Address 1100 Battlefield Blvd. S.

City State Zip Code
Chesapeake VA 23322-

Purpose of Disbursement
postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80822.E2548

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.00

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

POSTAGE

SUBTOTAL of Disbursements This Page (optional)

285.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80822.E2549 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>130.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE
B. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80822.E2546 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>10.89</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE
C. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 80822.E2596 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 1 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>84.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE

SUBTOTAL of Disbursements This Page (optional)

224.89

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S.	Transaction ID: 80915.E2681 Date of Disbursement <div> <div>09</div> <div>05</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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:	Amount of Each Disbursement this Period <div>4.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S.	Transaction ID: 80915.E2659 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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:	Amount of Each Disbursement this Period <div>91.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S.	Transaction ID: 80915.E2660 Date of Disbursement <div> <div>09</div> <div>10</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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:	Amount of Each Disbursement this Period <div>38.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)

134.34

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S.	Transaction ID: 80918.E2695 Date of Disbursement <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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) ▼	Amount of Each Disbursement this Period <div>253.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
B. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S.	Transaction ID: 80918.E2696 Date of Disbursement <div> <div>09</div> <div>17</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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) ▼	Amount of Each Disbursement this Period <div>294.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE
C. Full Name (Last, First, Middle Initial) U.S. Postal Service Mailing Address 1100 Battlefield Blvd. S.	Transaction ID: 81003.E2770 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23322- Purpose of Disbursement postage 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) ▼	Amount of Each Disbursement this Period <div>84.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE

SUBTOTAL of Disbursements This Page (optional)

631.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 81003.E2775 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>84.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE
B. Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 81003.E2778 Date of Disbursement
Mailing Address 1100 Battlefield Blvd. S.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 9 / 2 0 0 8</div> </div>
<div> <div>City Chesapeake State VA Zip Code 23322-</div> <div>Purpose of Disbursement postage</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>4.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	POSTAGE
C. Full Name (Last, First, Middle Initial) U.S. Treasury	Transaction ID: 80714.E2420 Date of Disbursement
Mailing Address PO Box 660351	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 1 / 2 0 0 8</div> </div>
<div> <div>City Dallas State TX Zip Code 75266-</div> <div>Purpose of Disbursement 940 taxes</div> <div>Candidate Name</div> </div> <div>Category/Type</div>	Amount of Each Disbursement this Period <div>224.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	940 TAXES

SUBTOTAL of Disbursements This Page (optional)

313.57

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 660351	Transaction ID: 80822.E2428 Date of Disbursement <div> <div>07</div> <div>29</div> <div>2008</div> </div>
City Dallas State TX Zip Code 75266- Purpose of Disbursement 941 taxes - July 08 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) ▼	Amount of Each Disbursement this Period <div>1575.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 941 TAXES - JULY 08
B. Full Name (Last, First, Middle Initial) U.S. Treasury Mailing Address PO Box 660351 City Dallas State TX Zip Code 75266- Purpose of Disbursement 941 taxes - August 08 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: 80915.E2610 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2740.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 941 TAXES - AUGUST 08
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 941 taxes - September 08 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: 81003.E2754 Date of Disbursement <div> <div>09</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>2352.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 941 TAXES - SEPTEMBER 08

SUBTOTAL of Disbursements This Page (optional)

6668.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
 United Coach Companies Inc,

Mailing Address Holloway Motorcoach Inc.
 P.O. Box 3456

City Suffolk State VA Zip Code 23439-

Purpose of Disbursement
 bus rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2690

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

300.00

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

BUS RENTAL

B.

Full Name (Last, First, Middle Initial)
 United Coach Companies Inc,

Mailing Address Holloway Motorcoach Inc.
 P.O. Box 3456

City Suffolk State VA Zip Code 23439-

Purpose of Disbursement
 bus rental

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2691

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

250.00

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

BUS RENTAL

C.

Full Name (Last, First, Middle Initial)
 Unos Chicago Grill

Mailing Address 2070 Waterside Road

City Prince George State VA Zip Code 23875-

Purpose of Disbursement
 event food & beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2558

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

245.83

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

EVENT FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

795.83

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 Forbes for Congress

A. Full Name (Last, First, Middle Initial) Virginia Commonwealth Corp Mailing Address 2570-B Gaskins Road	Transaction ID: 80915.E2607 Date of Disbursement <div> <div>09</div> <div>05</div> <div>2008</div> </div>
City Richmond State VA Zip Code 23238- Purpose of Disbursement insurance 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) ▼	Amount of Each Disbursement this Period <div>1176.23</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INSURANCE
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 2nd qtr payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80714.E2421 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>729.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 2ND QTR PAYROLL TAXES
C. Full Name (Last, First, Middle Initial) Verizon Mailing Address PO Box 17398 City Baltimore State MD Zip Code 21297-0429 Purpose of Disbursement phone service 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: 80822.E2446 Date of Disbursement <div> <div>07</div> <div>29</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>309.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

2214.28

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 80822.E2526 Date of Disbursement
Mailing Address PO Box 17398	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>8</div> </div> <div> <div>2</div> <div>1</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Baltimore State MD Zip Code 21297-0429	Amount of Each Disbursement this Period
Purpose of Disbursement phone service Candidate Name	<div> <div>309.05</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE
B. Full Name (Last, First, Middle Initial) Verizon	Transaction ID: 80915.E2663 Date of Disbursement
Mailing Address PO Box 17398	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>9</div> </div> <div> <div>1</div> <div>5</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Baltimore State MD Zip Code 21297-0429	Amount of Each Disbursement this Period
Purpose of Disbursement phone service Candidate Name	<div> <div>309.05</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE SERVICE
C. Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: 80822.E2447 Date of Disbursement
Mailing Address PO Box 17464	<div> <div> <div>M</div> <div>M</div> </div> <div>/</div> <div> <div>D</div> <div>D</div> </div> <div>/</div> <div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> </div> <div> <div>0</div> <div>7</div> </div> <div> <div>2</div> <div>9</div> </div> <div> <div>2</div> <div>0</div> <div>0</div> <div>8</div> </div>
City Baltimore State MD Zip Code 21297-	Amount of Each Disbursement this Period
Purpose of Disbursement cell phone service Candidate Name	<div> <div>147.87</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CELL PHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

765.97

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 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	Transaction ID: 80915.E2621 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City Baltimore State MD Zip Code 21297- Purpose of Disbursement cell phone service 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) ▼	Amount of Each Disbursement this Period <div>144.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE SERVICE
B. 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 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: 81003.E2737 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>144.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE SERVICE
C. Full Name (Last, First, Middle Initial) Virginia Diner Mailing Address 322 W. Main St. City Wakefield State VA Zip Code 23888- 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: 80709.E2383 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>49.29</div> <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) ►

338.63

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Virginia Diner Mailing Address 322 W. Main St.	Transaction ID: 80822.E2484 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 3 / 2 0 0 8</div> </div>
City Wakefield State VA Zip Code 23888- 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) ▼	Amount of Each Disbursement this Period <div>14.94</div> <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) Virginia Diner Mailing Address 322 W. Main St.	Transaction ID: 80822.E2552 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Wakefield State VA Zip Code 23888- 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) ▼	Amount of Each Disbursement this Period <div>16.04</div> <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) Wal-Mart Mailing Address 1521 Sams Circle	Transaction ID: 80822.E2490 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement event 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) ▼	Amount of Each Disbursement this Period <div>70.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional)

101.63

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 1521 Sams Circle	Transaction ID: 80915.E2658 Date of Disbursement <div> <div>09</div> <div>09</div> <div>2008</div> </div>
City Chesapeake State VA Zip Code 23320- Purpose of Disbursement cell phone 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) ▼	Amount of Each Disbursement this Period <div>104.73</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE
B. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 1521 Sams Circle City Chesapeake State VA Zip Code 23320- Purpose of Disbursement event decorations 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: 80918.E2711 Date of Disbursement <div> <div>09</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>28.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT DECORATIONS
C. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address 1521 Sams Circle City Chesapeake State VA Zip Code 23320- Purpose of Disbursement cell phones 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: 80918.E2708 Date of Disbursement <div> <div>09</div> <div>15</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>104.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONES

SUBTOTAL of Disbursements This Page (optional)

237.94

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A. Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: 80918.E2704
Mailing Address 1521 Sams Circle	Date of Disbursement
City Chesapeake State VA Zip Code 23320-	<div> <div>09</div> <div>15</div> <div>2008</div> </div>
Purpose of Disbursement event decorations Candidate Name	Amount of Each Disbursement this Period
<div> <div>Category/Type</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>	<div>25.99</div>
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) ▼	EVENT DECORATIONS
B. Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: 81003.E2767
Mailing Address 1521 Sams Circle	Date of Disbursement
City Chesapeake State VA Zip Code 23320-	<div> <div>09</div> <div>22</div> <div>2008</div> </div>
Purpose of Disbursement event gift bags Candidate Name	Amount of Each Disbursement this Period
<div> <div>Category/Type</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>	<div>7.84</div>
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) ▼	EVENT GIFT BAGS
C. Full Name (Last, First, Middle Initial) Wal-Mart	Transaction ID: 81003.E2762
Mailing Address 1521 Sams Circle	Date of Disbursement
City Chesapeake State VA Zip Code 23320-	<div> <div>09</div> <div>22</div> <div>2008</div> </div>
Purpose of Disbursement event decorations Candidate Name	Amount of Each Disbursement this Period
<div> <div>Category/Type</div> <div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 </div> </div>	<div>167.33</div>
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) ▼	EVENT DECORATIONS

SUBTOTAL of Disbursements This Page (optional)

201.16

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
WaWa

Mailing Address 2390 Pland Road

City State Zip Code
Fredericksburg VA 22401-

Purpose of Disbursement
gasoline

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80915.E2675

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

GASOLINE

B.

Full Name (Last, First, Middle Initial)
Western Branch High

Mailing Address 1968 Bruin Place

City State Zip Code
Chesapeake VA 23321-4576

Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80822.E2453

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

ADVERTISING

SUBTOTAL of Disbursements This Page (optional)

262.42

TOTAL This Period (last page this line number only)

179051.06

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Forbes for Congress

A.

Full Name (Last, First, Middle Initial)
NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 81003.E2721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

Image# 29930026580

Form/Schedule: **F3A**

Transaction ID:

As a result of the FEC request letter dated 12/16/08, this amendment is being submitted to provide cycle to date data for memo entries reported in the pre-general report (10/1-10/15/08).
