

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE

7 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

P 4: 34

ELECT ANDREA MILLER FOR CONGRESS

ADDRESS (number and street)

14004 SUMMERS EDGE TERRACE

Check if different than previously reported. (ACC)

CHESTERFIELD VA 23831

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 0445643

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 MM/DD/YYYY in the State of

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

04/01/2008

through

06/30/2008

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 RICHARD L. SUMNER

Signature of Treasurer *Richard L. Sumner*

Date 07/12/2008

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							
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FEC FORM 3
(Revised 02/2003)

28039790509

RECEIVED
FEC MAIL CENTER

2008 JUL 18 PM 3:54 Page 2

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

ELECT ANDREA MILLER FOR CONGRESS

Report Covering the Period:

From:

04 01 2008

To:

06 30 2008

28039790510

	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))	14,756.99	16,111.99
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	14,756.99	16,111.99
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10,462.64	14,052.64
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10,462.64	14,052.64
8. Cash on Hand at Close of Reporting Period (from Line 27)	12,384.58	
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)	2,750.00	

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

ELECT ANDREA MILLER FOR CONGRESS

Report Covering the Period: From:

04 01 2008

To:

06 30 2008

28039790511

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).....	14,756.00	16,111.99
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14,756.00	16,111.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	7,612.00	10,612.00
(b) All Other Loans.....	850.00	850.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	7,862.00	10,862.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	22,618.99	26,973.00

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.....	10,982.64	14,052.64
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.....	250.00	250.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	250.00	250.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	10,712.64	14,302.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	478.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22,618.99
25. SUBTOTAL (add Line 23 and Line 24).....	23,097.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10,712.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12,384.58

28039790512

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 37

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

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

NAME OF COMMITTEE (In Full)

ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROBINSON, A. TURRY

Mailing Address

6002 HUNTERSTAND LANE

City

RICHMOND

State

VA

Zip Code

23237

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

TEACHER

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

10.00

Date of Receipt

04 / 02 / 2008

Amount of Each Receipt this Period

10.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. BESA GLEN

Mailing Address

4896 BURNHAM ROAD

City

RICHMOND

State

VA

Zip Code

23234

FEC ID number of contributing federal political committee.

C

Name of Employer

SIERRA CLUB

Occupation

DIRECTOR

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

04 / 02 / 2008

Amount of Each Receipt this Period

100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. MAHAN CHARUNCE

Mailing Address

7311 CHURCHILL ROAD

City

MCHWAN

State

VA

Zip Code

22101

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

WRITER

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

04 / 02 / 2008

Amount of Each Receipt this Period

50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

160.00

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

28039790513

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

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 37

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

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NAME OF COMMITTEE (In Full)

ELECT ANDRUA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DAVID, NORBERT		Date of Receipt MM ' DD ' YYYY 04 ' 03 ' 2008
Mailing Address 9349 ASHING DRIVE		Amount of Each Receipt this Period 100.00
City MECHANICSVILLE	State Zip Code VA 23116	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1) <input type="checkbox"/>
Name of Employer DEPT OF HUD	Occupation ARCHITECT	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100 00	

Full Name (Last, First, Middle Initial) B. COTHEBORT, CHARLES		Date of Receipt MM ' DD ' YYYY 04 ' 08 ' 2008
Mailing Address 220 NORTH SKAMORE STREET		Amount of Each Receipt this Period 100.00
City PETERSBURG	State Zip Code VA 23803	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1) <input type="checkbox"/>
Name of Employer LAW OFFICE OF CHARLES COTHEBORT	Occupation ATTORNEY	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100 00	

Full Name (Last, First, Middle Initial) C. CAMPBELL, DAVID		Date of Receipt MM ' DD ' YYYY 04 ' 12 ' 2008
Mailing Address 1033 EMDRY PLACE		Amount of Each Receipt this Period 25.00
City VIRGINIA BEACH	State Zip Code VA 23464	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1) <input type="checkbox"/>
Name of Employer NRHA	Occupation HUMAN RESOURCES	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25 00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

28039790514

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>3</u> OF <u>57</u>
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<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)
ELIST ANDRIDA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINTERS, STERWIN

Mailing Address
8730 GEORGIA AVENUE

City SILVER SPRING State MD Zip Code 20910

FEC ID number of contributing federal political committee. C

Name of Employer METROPOLITAN DENTAL Occupation DENTIST

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 100.00

Date of Receipt: 04 / 12 / 2008

Amount of Each Receipt this Period: 100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
KANE, CHARLOTTE

Mailing Address
1612 MALLARD COURT

City CHESAPEAKE State VA Zip Code 23320

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation NONE

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt: 04 / 23 / 2008

Amount of Each Receipt this Period: 25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
SCHULTZ, DONALD

Mailing Address
24 WEST END ROAD #5

City ELLINGTON State CT Zip Code 06209

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation NONE

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt: 04 / 23 / 2008

Amount of Each Receipt this Period: 25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only) 150.00

28039790515

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>4</u> OF <u>57</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14

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NAME OF COMMITTEE (In Full)
ELECT ANDRIA MILNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MOODY, EVAN

Mailing Address
137 K STREET

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
85.00

Date of Receipt
04 / 23 / 2008

Amount of Each Receipt this Period
25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
FLOYD LAUREN

Mailing Address
2692 SPRINGHAVEN DRIVE

City VIRGINIA BEACH State VA Zip Code 23456

FEC ID number of contributing federal political committee. C

Name of Employer VIRGINIA BEACH SCHOOLS Occupation PROGRAMMER

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
50.00

Date of Receipt
04 / 28 / 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
RITTONHOUSE, RICHARD

Mailing Address
1612 WILLIS HOLLOW ROAD

City SHAWSVILLE State VA Zip Code 24162

FEC ID number of contributing federal political committee. C

Name of Employer BADEFORD UNIV Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
25.00

Date of Receipt
04 / 28 / 2008

Amount of Each Receipt this Period
25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only) 100.00

28039790516

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

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

FOR LINE NUMBER: PAGE 5 OR 37

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

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NAME OF COMMITTEE (In Full)
ELECT ANDRUA MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GORE, KAY

Mailing Address
576 N BIRDNECK ROAD # 619

City VIRGINIA BEACH State VA Zip Code 23451

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation EDUCATIONAL CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 50.00

Date of Receipt
04 / 28 / 2008

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
PECK, HEATHER

Mailing Address
760 LEXINGTON AVENUE

City CHARLOTTESVILLE State VA Zip Code 22902

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation EDUCATOR

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 15.00

Date of Receipt
04 / 28 / 2008

Amount of Each Receipt this Period
15.00

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

C. Full Name (Last, First, Middle Initial)
SHULTON, ELLON

Mailing Address
1613 STONE RIVER ROAD

City RICHMOND State VA Zip Code 23325

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 100.00

Date of Receipt
04 / 28 / 2008

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ 165.00

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

28039790517

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 57	
	<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)
ELECT ANDRWA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **GALLUP, JAMES**

Mailing Address
1205 PROUST ROAD

City State Zip Code
VIRGINIA BEACH VA 23454

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
WYLE LABS SCHEDULER

Receipt For: Primary General
 Other (specify) ▼
Election Cycle-to-Date
10.00

Date of Receipt
04 28 2008

Amount of Each Receipt this Period
10.00

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

Full Name (Last, First, Middle Initial)

B. **HILDBRETH, ANDREW**

Mailing Address
507 ST. CHRISTOPHER'S DRIVE

City State Zip Code
RICHMOND VA 23226

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
NONE NONE

Receipt For: Primary General
 Other (specify) ▼
Election Cycle-to-Date
25.00

Date of Receipt
04 28 2008

Amount of Each Receipt this Period
25.00

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

Full Name (Last, First, Middle Initial)

C. **DYSDU-COBB, MARGARET**

Mailing Address
335 ENFIELD ROAD

City State Zip Code
LEXINGTON VA 24450

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General
 Other (specify) ▼
Election Cycle-to-Date
25.00

Date of Receipt
04 28 2008

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) **60.00**

TOTAL This Period (last page this line number only) **60.00**

28039790518

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

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

FOR LINE NUMBER: PAGE 7 OF 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
IRDMATOR L. JAMES

Mailing Address
2310 PRANTORS ROW DRIVE

City MIDDLETHIAN State VA Zip Code 23113

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation NONE

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt
 M M M ' D D D ' Y Y Y Y Y Y
04 ' 28 ' 2008

Amount of Each Receipt this Period
25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
HUBBARD JAMES

Mailing Address
2451 BRUSSELS COURT

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation NONE

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 50.00

Date of Receipt
 M M M ' D D D ' Y Y Y Y Y Y
04 ' 28 ' 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
CURRING JEFFREY

Mailing Address
1203 CAMPBELL AVE, SW

City ROANOKE State VA Zip Code 24016

FEC ID number of contributing federal political committee. C

Name of Employer ROANOKE CITY PUBLIC SCHOOLS Occupation TEACHER'S ASSISTANT

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt
 M M M ' D D D ' Y Y Y Y Y Y
04 ' 28 ' 2008

Amount of Each Receipt this Period
25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) 100.00

TOTAL This Period (last page this line number only)

28039790519

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 8 OF 8
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDRISA MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KHALIL, CARL

Mailing Address
4617 TONY LOMA LANE

City **VIRGINIA BEACH** State **VA** Zip Code **23453**

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

Name of Employer **JTH TAX INC** Occupation **ATTORNEY**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date **25.00**

Date of Receipt **04 / 28 / 2008**

Amount of Each Receipt this Period **25.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
LYLE, KEN

Mailing Address
4710 TAMEO ROAD

City **GLON ALTON** State **VA** Zip Code **23060**

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

Name of Employer **SELF** Occupation **CONSULTANT**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date **25.00**

Date of Receipt **04 / 28 / 2008**

Amount of Each Receipt this Period **25.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
KOECHUN, EMILY

Mailing Address
7217 GARNAND AVENUE

City **TAKOMA PARK** State **MD** Zip Code **20912**

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

Name of Employer **HOKITCOO MARTIN** Occupation **SR. SYSTEMS ANALYST**

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date **50.00**

Date of Receipt **04 / 28 / 2008**

Amount of Each Receipt this Period **50.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) **100.00**

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

28039790520

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. SHOLTON, JAMES

Mailing Address
811 ROEHAMPTON COURT

City **RICHMOND** State **VA** Zip Code **23236**

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

Name of Employer **MARTIN AGENCY** Occupation **QC ENGINEER**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
25.00

Date of Receipt
04 28 2008

Amount of Each Receipt this Period
25.00

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

Full Name (Last, First, Middle Initial)
B. MAYNARD, NANCY

Mailing Address
2799 MARSALA COURT

City **WOODBIDGE** State **VA** Zip Code **22192**

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

Name of Employer **AAAE** Occupation **SOFTWARE ENGINEER**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
100.00

Date of Receipt
04 28 2008

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
C. SHANK MARTIN

Mailing Address
1418 RUGBY AVENUE

City **CHARLOTTESVILLE** State **VA** Zip Code **22903**

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

Name of Employer **UNIVERSITY OF VIRGINIA** Occupation **SYSTEMS ANALYST**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
100.00

Date of Receipt
04 28 2008

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) **225.00**

TOTAL This Period (last page this line number only) **225.00**

28039790521

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 57	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)
ELECT ANDRIDA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLARY, THOMAS

Mailing Address
9612 BRIGHT HOPE ROAD

City **CHESTERFIELD** State **VA** Zip Code **23838**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **50.00**

Date of Receipt
04 / 28 / 2008

Amount of Each Receipt this Period
50.00

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

B. Full Name (Last, First, Middle Initial)
ANCARROW, KAREN + JOHN

Mailing Address
24129 CREEKVIEW LANE

City **CARRINGTON** State **VA** Zip Code **23314**

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

Name of Employer **NONE** Occupation **NONE**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **50.00**

Date of Receipt
04 / 29 / 2008

Amount of Each Receipt this Period
50.00

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

C. Full Name (Last, First, Middle Initial)
JACKSON, TRACEY

Mailing Address
12330 DEERHURST DRIVE

City **MIDDLETHIAN** State **VA** Zip Code **23113**

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

Name of Employer **STATE OF VIRGINIA** Occupation **SOCIAL WORKER**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **50.00**

Date of Receipt
04 / 30 / 2008

Amount of Each Receipt this Period
50.00

Limits 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) **150.00**

28039790522

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

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

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

NAME OF COMMITTEE (In Full)

ELECT ANDRUS MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *MC CLELLAN, JAMES F.*

Mailing Address

2134 SPARTA DRIVE

City

PETERSBURG

State

VA

Zip Code

23803

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

05 / *06* / *2008*

Amount of Each Receipt this Period

100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. *MARTIN, GLORIA*

Mailing Address

5487 HUNTING HORN DRIVE

City

ELICOTT CITY

State

MD

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

DOD

Occupation

PROGRAM MGR

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

05 / *07* / *2008*

Amount of Each Receipt this Period

50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. *GOWIE, DELDRES*

Mailing Address

810 SOUTH 20TH AVENUE

City

MAYWOOD

State

IL

Zip Code

60153

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

05 / *09* / *2008*

Amount of Each Receipt this Period

25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

175.00

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

175.00

28039790523

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE <u>12</u> OF <u>57</u>
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15	
	12	13a	13b	14		

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)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MORRIS-HARRIS, EVELYN

Mailing Address
4788 BONNIE BRAE ROAD

City RICHMOND State VA Zip Code 23234

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation GROUP HOME MANAGER

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt 05 / 09 / 2008

Amount of Each Receipt this Period 25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
SHOREY, MIA

Mailing Address
2 HAMPTON ROAD

City CAPE ELIZABETH State ME Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer TRUBB POLITICS Occupation POLITICAL CONSULTANT

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 25.00

Date of Receipt 05 / 10 / 2008

Amount of Each Receipt this Period 25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
WASHINGTON, DOROTHY

Mailing Address
10704 WESTPALLIA ROAD

City UPPER-MARLBORO State MD Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation NONE

Receipt For: Primary General Other (specify)

Election Cycle-to-Date 100.00

Date of Receipt 05 / 10 / 2008

Amount of Each Receipt this Period 100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only) 150.00

28039790524

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SNELL, IRA

Mailing Address
10608 CHATTERTON WAY

City **WOODSTOCK** State **MD** Zip Code **21163**

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

Name of Employer **SNELL ENTERPRISES** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
100.00

Date of Receipt
05 / 13 / 2008

Amount of Each Receipt this Period
100.00

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

B. Full Name (Last, First, Middle Initial)
DRINKWATER, DON

Mailing Address
3209 COLONIAL DRIVE

City **Aiken** State **SC** Zip Code **29801**

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

Name of Employer **ESI** Occupation **INSTRUCTIONAL TECH**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
100.00

Date of Receipt
05 / 14 / 2008

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
WORSHAM, MICHAEL

Mailing Address
11623 STEPHENS POINT DRIVE

City **CHESTER** State **VA** Zip Code **23831**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
50.00

Date of Receipt
05 / 16 / 2008

Amount of Each Receipt this Period
50.00

Limits 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)

28039790525

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 57	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ESCH, PATRICIA

Mailing Address
1808 BECKWOOD COMMONS

City **CHESAPEAKE** State **VA** Zip Code **23320**

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

Name of Employer **TARGETAD PUBLICATIONS** Occupation **GRAPHIC DESIGNER**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **20.00**

Date of Receipt
05 / 20 / 2008

Amount of Each Receipt this Period
20.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(l)/441a-1)

B. Full Name (Last, First, Middle Initial)
ROBINSON, A. TERRY

Mailing Address
6002 HUNTERSTAND LANE

City **RICHMOND** State **VA** Zip Code **23237**

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

Name of Employer **RETIRED** Occupation **TEACHER**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **25.00**

Date of Receipt
05 / 20 / 2008

Amount of Each Receipt this Period
15.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(l)/441a-1)

C. Full Name (Last, First, Middle Initial)
MAHAN, CLARENCE

Mailing Address
7311 CHURCHILL ROAD

City **MC LEAN** State **VA** Zip Code **22101**

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

Name of Employer **RETIRED** Occupation **WRITER**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **150.00**

Date of Receipt
05 / 21 / 2008

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(l)/441a-1)

SUBTOTAL of Receipts This Page (optional) **135.00**

TOTAL This Period (last page this line number only) **135.00**

28039790526

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BALKWILL, JOHN		Date of Receipt MM ' DD ' YYYY 05 ' 21 ' 2008
Mailing Address 27 MITCHELL ROAD		Amount of Each Receipt this Period 50.00
City HAMPTON	State Zip Code VA 23669	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer SELF	Occupation WRITER / TEACHER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) B. PRITSKY, N. TODD		Date of Receipt MM ' DD ' YYYY 05 ' 21 ' 2008
Mailing Address 215 BOG ROAD		Amount of Each Receipt this Period 25.00
City CAMBRIDGE	State Zip Code VT	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer SELF	Occupation TECH INSTRUCTOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) C. SYDERSON, LARRY		Date of Receipt MM ' DD ' YYYY 05 ' 21 ' 2008
Mailing Address 4100 OLDE LIBERTY ROAD		Amount of Each Receipt this Period 25.00
City RICHMOND	State Zip Code VA 23236	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer VA DEPT. OF	Occupation GEOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25.00	

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

28039790527

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

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

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

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SANDERS, LYLE

Mailing Address
1224 FREEHOLD CLOSE

City **VIRGINIA BEACH** State **VA** Zip Code **23455**

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

Name of Employer **HARRIS IT** Occupation **NETWORK ENGINEER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 MM / DD / YYYY
05 / 21 / 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
DOTY, CAROL

Mailing Address
118 GENESSEE STREET

City **MEDFORD** State **OR** Zip Code **97504**

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

Name of Employer **NONE** Occupation **NONE**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **20.00**

Date of Receipt
 MM / DD / YYYY
05 / 22 / 2008

Amount of Each Receipt this Period
20.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
CHRISTMAN, RONALD

Mailing Address
9577 HONGLOOK HANE

City **COLUMBIA** State **MD** Zip Code **21045**

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

Name of Employer **SEVENTH DAY ADVENTISTS** Occupation **MANAGER**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 MM / DD / YYYY
05 / 24 / 2008

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) **170.00**

TOTAL This Period (last page this line number only) **170.00**

28039790528

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 57

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

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

NAME OF COMMITTEE (In Full)

ELECT ANDROIA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial)

YECK, HEATHER

A. Mailing Address

760 LEXINGTON AVENUE

City CHARLOTTESVILLE State VA Zip Code 22902

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF

Occupation

EDUCATOR

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

30.00

Date of Receipt

05 / 24 / 2008

Amount of Each Receipt this Period

15.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

CUARY, THOMAS

B. Mailing Address

9612 BRIGHT HOPE ROAD

City CHESTERFIELD State VA Zip Code 23838

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

05 / 25 / 2008

Amount of Each Receipt this Period

100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

GRANGOR, MARIO P

C. Mailing Address

3803 SACK COURT

City SUFFOLK State VA Zip Code 23435

FEC ID number of contributing federal political committee.

C

Name of Employer

ATS

Occupation

LOGISTICS

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

05 / 25 / 2008

Amount of Each Receipt this Period

25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

140

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

140.00

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

140.00

28039790529

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>18</u> OF <u>57</u>	
	<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)
ELECT ANDREA MILNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MAHANI, RIAD

Mailing Address
8600 HAZEN STREET

City **RICHMOND** State **VA** Zip Code **23235**

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

Name of Employer **CHESTERFIELD COUNTY** Occupation **TEACHER**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt **05 / 28 / 2008**

Amount of Each Receipt this Period **25.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
HARRISON, LESLIE

Mailing Address
10509 NORTH KEYES

City **BRANDYWINE** State **MD** Zip Code **20613**

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

Name of Employer **DC GOVERNMENT** Occupation **TRAINING OFFICER**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt **05 / 28 / 2008**

Amount of Each Receipt this Period **50.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
MERRITT, CONSTANCE

Mailing Address
713 EUCLID AVENUE

City **LYNCHBURG** State **VA** Zip Code **24501**

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

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **31.00**

Date of Receipt **05 / 30 / 2008**

Amount of Each Receipt this Period **31.00**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional)..... ▶ **101.00**

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

28039790530

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE <u>19</u> OF <u>57</u>		
	(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)
ELECT ANDROA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DORAN, DANIELLE		Date of Receipt 05 30 2008
Mailing Address 2693 DAY LILY RUN		Amount of Each Receipt this Period 31.00
City THE VILLAGES	State Zip Code FL 32162	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) B. BRITO, BERNICE		Date of Receipt 05 30 2008
Mailing Address 12470 WEST COLONIAL TRAIL HWY		Amount of Each Receipt this Period 31.00
City CREWE	State Zip Code VA 23930	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) C. BRIGHT, DAVID		Date of Receipt 05 30 2008
Mailing Address 4262 KENNEBEC		Amount of Each Receipt this Period 31.00
City DIXMONT	State Zip Code ME 04932	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer SELF	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	Election Cycle-to-Date 31.00	

SUBTOTAL of Receipts This Page (optional).....	9300
TOTAL This Period (last page this line number only).....	

28039790531

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

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

FOR LINE NUMBER: PAGE 20 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARCUS, PHILIP

Mailing Address
9437 CLOCKTOWER LANE

City **COLUMBIA** State **MD** Zip Code **21046**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **6200**

Date of Receipt **05 30 2008**

Amount of Each Receipt this Period **62.00**

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

B. Full Name (Last, First, Middle Initial)
MORSSINK, PIETER

Mailing Address
7607 SPRUCE ROAD

City **DUNDALK** State **MD** Zip Code **21222**

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

Name of Employer **ISODASE CONTROL** Occupation **TRAINING MGR**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **31.00**

Date of Receipt **05 30 2008**

Amount of Each Receipt this Period **31.00**

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

C. Full Name (Last, First, Middle Initial)
HOSSANI, ALI

Mailing Address

City **RICHMOND** State **VA** Zip Code

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

Name of Employer **RETIRED** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **31.00**

Date of Receipt **05 30 2008**

Amount of Each Receipt this Period **31.00**

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

SUBTOTAL of Receipts This Page (optional) **124.00**

TOTAL This Period (last page this line number only)

28039790532

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<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)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SANDERS, LYLE		Date of Receipt 05 30 2008
Mailing Address 1224 FREEHOLD CLOSE		Amount of Each Receipt this Period 31.00
City VIRGINIA BEACH	State Zip Code VA 23455	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer HARRIS IT	Occupation NETWORK ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 81.00	

Full Name (Last, First, Middle Initial) B. SADLER, DALE		Date of Receipt 05 30 2008
Mailing Address 802 KESWICK ROAD		Amount of Each Receipt this Period 31.00
City COLONIAL HEIGHTS	State Zip Code VA 23834	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) C. AZEVEDO, CARLOS		Date of Receipt 05 30 2008
Mailing Address 9269 MAPLE ROCK DRIVE		Amount of Each Receipt this Period 31.00
City ELICOTT CITY	State Zip Code MD 21042	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer ISODASE CONTROL	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

SUBTOTAL of Receipts This Page (optional).....▶	93.00
TOTAL This Period (last page this line number only).....▶	

28039790533

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 37	
	<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)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) RITTOHOUSE, RICHARD		Date of Receipt 05 31 2008
Mailing Address 1612 WILLIS HOLLOW ROAD		Amount of Each Receipt this Period 31.00
City SHAWSVILLE	State Zip Code VA 24162	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer RADFORD UNIVERSITY	Occupation ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31 00	

Full Name (Last, First, Middle Initial) ROBINSON, A. TERRY		Date of Receipt 05 31 2008
Mailing Address 6002 HUNTERSTAND LANE		Amount of Each Receipt this Period 15.00
City RICHMOND	State Zip Code VA 23237	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer RETIRED	Occupation TEACHER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 30 00	

Full Name (Last, First, Middle Initial) SHELTON, ELLEN		Date of Receipt 05 31 2008
Mailing Address 1613 STONE RIVER ROAD		Amount of Each Receipt this Period 31.00
City RICHMOND	State Zip Code VA 23235	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25 00	

SUBTOTAL of Receipts This Page (optional).....▶	77.00
TOTAL This Period (last page this line number only).....▶	

28039790534

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>23</u> OF <u>57</u>				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDROA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) <u>DORAN, JOSEPH</u>		Date of Receipt <u>05 31 2008</u>
Mailing Address <u>2693 DAY LILY ROW</u>		Amount of Each Receipt this Period <u>31.00</u>
City <u>THE VILLAGES</u>	State <u>FL</u> Zip Code <u>32162</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>NONE</u>	Occupation <u>RETIRED</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>31.00</u>	

Full Name (Last, First, Middle Initial) <u>DELICATE, MARY</u>		Date of Receipt <u>05 31 2008</u>
Mailing Address <u>1221 WARREN AVENUE</u>		Amount of Each Receipt this Period <u>200.00</u>
City <u>RICHMOND</u>	State <u>VA</u> Zip Code <u>23237</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>SELF</u>	Occupation <u>GRAPHIC ARTIST</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>30000</u>	

Full Name (Last, First, Middle Initial) <u>BOOKER, HORACE</u>		Date of Receipt <u>05 31 2008</u>
Mailing Address <u>10331 WINTERHAM ROAD</u>		Amount of Each Receipt this Period <u>5000</u>
City <u>AMELIA</u>	State <u>VA</u> Zip Code <u>23002</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>IDEM</u>	Occupation <u>TRAINING MGR</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>5000</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>281.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790535

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>24</u> OF <u>37</u>				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) <u>O'CONNOR, BROWDAN</u>		Date of Receipt <u>05 31 2008</u>
Mailing Address <u>3916 5TH ST. N APT 1</u>		Amount of Each Receipt this Period <u>31.00</u>
City <u>ARLINGTON</u>	State <u>VA</u> Zip Code <u>22203</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>LIAISON</u>	Occupation <u>TRIAGE COALITION</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>31 00</u>	

Full Name (Last, First, Middle Initial) <u>HESTON, GEORGE</u>		Date of Receipt <u>05 31 2008</u>
Mailing Address <u>4961 FREE UNION ROAD</u>		Amount of Each Receipt this Period <u>31.00</u>
City <u>FREE UNION</u>	State <u>VA</u> Zip Code <u>22940</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>SELF</u>	Occupation <u>WRITER</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>31 00</u>	

Full Name (Last, First, Middle Initial) <u>MEHLINGER, LINDA</u>		Date of Receipt <u>05 31 2008</u>
Mailing Address <u>10 HINLOW COURT</u>		Amount of Each Receipt this Period <u>31.00</u>
City <u>TOWSON</u>	State <u>MD</u> Zip Code <u>21286</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>MORGAN STATE</u>	Occupation <u>ASSIS. V.P</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>31 00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>93.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790536

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 37	
	<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)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HUGHES, CORY		Date of Receipt 06 01 2008
Mailing Address 12727 LODDRE ROAD		Amount of Each Receipt this Period 31.00
City AMELIA	State Zip Code VA 23002	
FEC ID number of contributing federal political committee. C.		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer AMELIA PUBLIC SCHOOLS	Occupation TEACHER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) B. SOFRANKO, JOHN		Date of Receipt 06 01 2008
Mailing Address 5214 BAYWOOD DR		Amount of Each Receipt this Period 64.00
City CENTREVILLE	State Zip Code VA 20120	
FEC ID number of contributing federal political committee. C.		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation NONE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 64.00	

Full Name (Last, First, Middle Initial) C. JACKSON, TRACEY G		Date of Receipt 06 01 2008
Mailing Address 12330 DEERHURST DRIVE		Amount of Each Receipt this Period 31.00
City MIDWOTIAN	State Zip Code VA 23113	
FEC ID number of contributing federal political committee. C.		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer STATE OF VA	Occupation SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 81.00	

SUBTOTAL of Receipts This Page (optional).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

28039790537

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 26 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14		

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) BROWN, WILLIAM		Date of Receipt 06 01 2008
Mailing Address 4302 FORDHAM COURT		Amount of Each Receipt this Period 62.00
City RICHMOND	State Zip Code VA 23236	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 62.00	

Full Name (Last, First, Middle Initial) BOOKER, HORACE		Date of Receipt 06 02 2008
Mailing Address 10331 WINTERHAM ROAD		Amount of Each Receipt this Period 50.00
City AMELIA	State Zip Code VA 23002	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer UDEM	Occupation TRAINING MGR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) HILL, MARQUITA		Date of Receipt 06 02 2008
Mailing Address 1014 HIGHLAND CIRCLE		Amount of Each Receipt this Period 40.00
City BRACKSBORG	State Zip Code VA 24060	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 40.00	

SUBTOTAL of Receipts This Page (optional).....▶	152.00
TOTAL This Period (last page this line number only).....▶	

28039790538

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

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

FOR LINE NUMBER: PAGE 27 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<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)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARM BRUST, BREANNE

Mailing Address
17 N. CONFEDERATE AVENUE

City RICHMOND State VA Zip Code 23150

FEC ID number of contributing federal political committee. C

Name of Employer VERIZON Occupation MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 31 00

Date of Receipt
06 02 2008

Amount of Each Receipt this Period
31.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
ROGERS, CARLA S.

Mailing Address
1025 PECK ROAD

City RICHMOND State VA Zip Code 23235

FEC ID number of contributing federal political committee. C

Name of Employer CIRCUIT CITY STORES Occupation SR. MGR. CREATIVE OPS

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 50.00

Date of Receipt
06 02 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
HUBBARD, JAMES

Mailing Address
2451 BRUSSELS COURT

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 100.00

Date of Receipt
06 02 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) 131.00

TOTAL This Period (last page this line number only) 131.00

28039790539

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 57				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) CAPENER, HOWARD		Date of Receipt 06 02 2003	
Mailing Address 44 MUSIC SQUARE EAST EAST BRUSSELS COURT		Amount of Each Receipt this Period 31.00	
City NASHVILLE	State TN		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Zip Code 37203			
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation MEDIA	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00		

Full Name (Last, First, Middle Initial) JORDAN, PENNY		Date of Receipt 06 02 2008	
Mailing Address 4401 BOONISS BLUFF WAY		Amount of Each Receipt this Period 35.00	
City CHESTERFIELD	State VA		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Zip Code 23832			
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation HOMEMAKER	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 35.00		

Full Name (Last, First, Middle Initial) WILLIAMS, ANN		Date of Receipt 06 02 2008	
Mailing Address P.O. BOX 3134		Amount of Each Receipt this Period 9.500	
City VIRGINIA BEACH	State VA		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Zip Code 23454			
FEC ID number of contributing federal political committee. C			
Name of Employer JONES ART	Occupation RETAIL SALES	Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 9.500		

SUBTOTAL of Receipts This Page (optional).....▶	161.00
TOTAL This Period (last page this line number only).....▶	

28039790540

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 51	
	<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)
ELECT ANDRUA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRINKLEY, JULIUS		Date of Receipt 06 02 2008
Mailing Address 9200 EDWARDSWAY		Amount of Each Receipt this Period 100.00
City HYATTSVILLE	State Zip Code VA MD 20783	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) B. SWANSON, LINDA		Date of Receipt 06 02 2008
Mailing Address 7180 BAWDWIN RIDGE		Amount of Each Receipt this Period 31.00
City WARRENTON	State Zip Code VA	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) C. LEGROW, WYNNE		Date of Receipt 06 03 2008
Mailing Address 305 JEFFERSON STREET		Amount of Each Receipt this Period 1,000.00
City EMPORIA	State Zip Code VA 23647	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 1,000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,131.00
TOTAL This Period (last page this line number only).....▶	

28039790541

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

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

FOR LINE NUMBER: PAGE 30 OF 37

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

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NAME OF COMMITTEE (In Full)
ELECT ALEXIS MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEVY, BART

Mailing Address
556 PAPOLA DRIVE

City **MIDDLETHIAN** State **VA** Zip Code

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

Name of Employer **SELF** Occupation **GRAPHIC DESIGN**

Receipt For:
 Primary
 General
 Other (specify)

Election Cycle-to-Date **2008**

Date of Receipt
06 03 2008

Amount of Each Receipt this Period
20.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
CRUMP, ALEXIS

Mailing Address
2937 LYNDBURST

City **CHESTER** State **VA** Zip Code **23831**

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

Name of Employer **VDOT** Occupation **MANAGER**

Receipt For:
 Primary
 General
 Other (specify)

Election Cycle-to-Date **31 00**

Date of Receipt
06 03 2008

Amount of Each Receipt this Period
31.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
FISHER, RON

Mailing Address
P.O. Box 1310

City **FALLS CHURCH** State **VA** Zip Code **22041**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary
 General
 Other (specify)

Election Cycle-to-Date **31 00**

Date of Receipt
06 03 2008

Amount of Each Receipt this Period
31.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

82.00

28039790542

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 57	
	<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)
ELECT ANDRIDA MILOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MICHAELSON, GEORGE		Date of Receipt 06 03 2008
Mailing Address 2004 DALTON		Amount of Each Receipt this Period 25.00
City VIRGINIA BEACH	State Zip Code VA 23455	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer SELF	Occupation BOOKING AGENT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) B. MAXWELL, JULIA		Date of Receipt 06 03 2008
Mailing Address 7108 7TH ST. NW		Amount of Each Receipt this Period 31.00
City WASHINGTON	State Zip Code DC 20012	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer DHMH	Occupation SOCIAL WORKER	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) C. CAIN, CAROL		Date of Receipt 06 03 2008
Mailing Address 735 WHITE OAK AVENUE		Amount of Each Receipt this Period 31.00
City CATONSVILLE	State Zip Code VA 21228	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer HOWARD COMMUNITY COL	Occupation ADMIN ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

SUBTOTAL of Receipts This Page (optional).....▶	87.00
TOTAL This Period (last page this line number only).....▶	

28039790543

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

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

FOR LINE NUMBER: PAGE 320 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MONTLOR, LAURA
 Mailing Address
66 HILLVIEW AVENUE
 City State Zip Code
PORT WASHINGTON NY 11050
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
MONTLOR BOX ARCHITECTS ARCHITECT
 Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) ▼
100.00

Date of Receipt
06 04 2008
 Amount of Each Receipt this Period
100.00
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
JOHNSON, JAMES
 Mailing Address
42138 W. BACCARAT DRIVE
 City State Zip Code
MARICOPA AZ 85238
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
JOHNS HOPKINS UNIV ENGINEER
 Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) ▼
31.00

Date of Receipt
06 04 2008
 Amount of Each Receipt this Period
31.00
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
ROCHE, LOUISE
 Mailing Address
6124 TAMAR DRIVE
 City State Zip Code
COLUMBIA MD 21045
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
LOUISE BRAIDSTWIGS BEAUTICIAN
 Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) ▼
31.00

Date of Receipt
06 04 2008
 Amount of Each Receipt this Period
31.00
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

162.00

28039790544

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>33</u> OF <u>57</u>				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MATTESON, TYLA

Mailing Address
4896 BURHAM ROAD

City RICHMOND State VA Zip Code 23234

FEC ID number of contributing federal political committee. C

Name of Employer SIORRA CLUB Occupation ANALYST

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
06 04 2008

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
SEGARSON, MARY

Mailing Address
6328 FERRYBOAT CIRCLE

City COLUMBIA State MD Zip Code 21044

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt
06 05 2008

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
DEITZ, JEFF

Mailing Address
850 GENEVA AVENUE

City CHESAPEAKE State VA Zip Code 23323

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
06 06 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 0500

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

28039790545

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>34</u> OF <u>57</u>	
	<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)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CRUMP, STEVE		Date of Receipt 06 06 2008
Mailing Address 2937 HYNDHURST CT.		Amount of Each Receipt this Period 31.00
City CHESTER	State VA Zip Code 23831	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 31.00	

Full Name (Last, First, Middle Initial) B. MCGEE, CLAIRE		Date of Receipt 06 09 2008
Mailing Address 923 SE BAY BLVD UNIT 31		Amount of Each Receipt this Period 10.00
City NEWPORT	State OR Zip Code 97365	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer SYLVIA BEACH HOTEL	Occupation NIGHT AUDITOR	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 10.00	

Full Name (Last, First, Middle Initial) C. SHIMANE, SCOTT		Date of Receipt 06 09 2008
Mailing Address P.O. Box 14263		Amount of Each Receipt this Period 5.00
City PORTLAND	State OR Zip Code 97293	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer UPS	Occupation SHIPPING CLERK	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 5.00	

SUBTOTAL of Receipts This Page (optional).....▶	46.00
TOTAL This Period (last page this line number only).....▶	

28039790546

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>35</u> OF <u>57</u>				
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) <u>A. HOCKLEY PHYLIS</u>		Date of Receipt <u>06 09 2008</u>
Mailing Address <u>220 N. ADAMS STREET</u>		Amount of Each Receipt this Period <u>31.00</u>
City <u>EUGENE</u>	State <u>OR</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>NONE</u>	Occupation <u>NONE</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>31.00</u>	

Full Name (Last, First, Middle Initial) <u>B. WILEY MONICA</u>		Date of Receipt <u>06 09 2008</u>
Mailing Address <u>1434 PROVIDENCE KNOLL</u>		Amount of Each Receipt this Period <u>19.00</u>
City <u>RICHMOND</u>	State <u>VA</u>	
FEC ID number of contributing federal political committee. <u>- C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>NONE</u>	Occupation <u>NONE</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>19.00</u>	

Full Name (Last, First, Middle Initial) <u>C. WAGNER WILLIAM</u>		Date of Receipt <u>06 09 2008</u>
Mailing Address <u>10227 RUDY BRANCH</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>CHESTERFIELD</u>	State <u>VA</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>SELF</u>	Occupation <u>CONSULTING ENGINEER</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>250.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>300.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790547

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

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

FOR LINE NUMBER: PAGE 36 OF 57
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILNER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BERNARD DAVID

Mailing Address
P. O. Box 927

City BLACKSBURG State VA Zip Code 24063

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation PLUMBING CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 310.00

Date of Receipt
06 10 2008

Amount of Each Receipt this Period
310.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
JACOBS MARY

Mailing Address
1115 HAMMER STREET

City LOS ANGELES State CA Zip Code 90063

FEC ID number of contributing federal political committee. C

Name of Employer LA UNIFIED SCHOOLS Occupation SUBSTITUTE TEACHER

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 32.00

Date of Receipt
06 10 2008

Amount of Each Receipt this Period
32.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
BLASCHKE, KAREN

Mailing Address
P.O. Box 5068

City BEAUCRTON State OR Zip Code 97006

FEC ID number of contributing federal political committee. C

Name of Employer NONE Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 25.00

Date of Receipt
06 10 2008

Amount of Each Receipt this Period
25.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

367.00

28039790548

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

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

FOR LINE NUMBER: (check only one)

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

PAGE 37 OF 57

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Davis, Steven and Ann

Mailing Address
7706 Katorama Rd.

City Annandale, VA State VA Zip Code 22003

FEC ID number of contributing federal political committee.
C

Name of Employer Social Security Admin Occupation Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
06 10 2008

Amount of Each Receipt this Period
35.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
VanFleet, Douglas

Mailing Address
2816 NE 14th Ave

City Portland, OR State OR Zip Code 97212-3203

FEC ID number of contributing federal political committee.
C

Name of Employer State of Oregon Occupation Agency Manager

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
06 11 2008

Amount of Each Receipt this Period
10.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
Martin, Arnold

Mailing Address
4110 Brookside Oaks Trl

City Dwings Mills MD State MD Zip Code 21117

FEC ID number of contributing federal political committee.
C

Name of Employer Innovim LLC Occupation Software Developer

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
06 12 2008

Amount of Each Receipt this Period
39.90

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 84.90

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

28039790549

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

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

FOR LINE NUMBER: PAGE 38 OF 57

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

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Weiss, Howard

Mailing Address

City ARWINGTON State VA Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer FHT LAW Occupation LAWYER

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 150 00

Date of Receipt 06 12 2008

Amount of Each Receipt this Period 150.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
Cummings, Edna

Mailing Address 8607 Misty Waters way

City Laurel State MD Zip Code 20723

FEC ID number of contributing federal political committee. C

Name of Employer Keane Federal Systems Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 50 00

Date of Receipt 06 14 2008

Amount of Each Receipt this Period 5000

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kozakewicz, Anita

Mailing Address 9529 Meadowview Road

City Richmond State VA Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation None

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 50 00

Date of Receipt 06 15 2008

Amount of Each Receipt this Period 50 00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 250 00

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

28039790550

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>39</u> OF <u>57</u>	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14 <input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Hale Priscilla</u>		Date of Receipt <u>06 15 2008</u>
Mailing Address <u>3710 Tarriss Ln</u>		Amount of Each Receipt this Period <u>1500</u>
City <u>Chester</u>	State <u>VA</u> Zip Code <u>23831</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>None</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>1500</u>	

Full Name (Last, First, Middle Initial) B. <u>Slade Eileen</u>		Date of Receipt <u>06 15 2008</u>
Mailing Address <u>5311 Chestnut Bluff Terrace</u>		Amount of Each Receipt this Period <u>3100</u>
City <u>Midlothian</u>	State <u>VA</u> Zip Code <u>23112</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>None</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>3100</u>	

Full Name (Last, First, Middle Initial) C. <u>Bernard Alan</u>		Date of Receipt <u>06 17 2008</u>
Mailing Address <u>18 Plateau Rd.</u>		Amount of Each Receipt this Period <u>2500</u>
City <u>Asheville</u>	State <u>NC</u> Zip Code <u>28805</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Self</u>	Occupation <u>Writer/Editor</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>2500</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>7100</u>
TOTAL This Period (last page this line number only).....▶	

28039790551

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 57			
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)

Full Name (Last, First, Middle Initial) A. Goldstein, Scott		Date of Receipt 06 18 2008
Mailing Address 6608 Garrett Road		Amount of Each Receipt this Period 5000
City Derwood	State Zip Code MD 20855	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer Montgomery County MD	Occupation Firefighter	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 5000	

Full Name (Last, First, Middle Initial) B. Bedding, Gerhard		Date of Receipt 06 18 2008
Mailing Address 8 Green Acres Rd.		Amount of Each Receipt this Period 1000
City Keene	State Zip Code NH 03431	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer None	Occupation Unemployed	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 10.00	

Full Name (Last, First, Middle Initial) C. Rath, David		Date of Receipt 06 19 2008
Mailing Address 1303 S. Walter Reed Drive		Amount of Each Receipt this Period 1000
City Arlington	State Zip Code VA 22204	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer Washington Revels	Occupation Development Director	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 10.00	

SUBTOTAL of Receipts This Page (optional).....▶	7000
TOTAL This Period (last page this line number only).....▶	

28039790552

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>41</u> OR <u>57</u>
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Collins, Catherine</u>		Date of Receipt <u>06 20 2008</u>
Mailing Address <u>323 Myrtle Drive</u>		Amount of Each Receipt this Period <u>15.00</u>
City <u>Petersburg</u>	State <u>VA</u> Zip Code <u>23803</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Retired</u>	Occupation <u>None</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>15.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Edwards, Letitia</u>		Date of Receipt <u>06 20 2008</u>
Mailing Address <u>1234 Damyien Arch</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Chesapeake</u>	State <u>VA</u> Zip Code <u>23320</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>None</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>25.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Ward, Ella</u>		Date of Receipt <u>06 20 2008</u>
Mailing Address <u>1517 Pine Grove Lane</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Chesapeake</u>	State <u>VA</u> Zip Code <u>23321</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Chesapeake School System</u>	Occupation <u>Teacher</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>50.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>90.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790553

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 42 OF 57	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 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)

A. Full Name (Last, First, Middle Initial) Yokie, Gary

Mailing Address 940 Nadine

City Houston State TX Zip Code 77009

FEC ID number of contributing federal political committee. C

Name of Employer Airetel Staffing Occupation Graphics Designer

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 62.00

Date of Receipt 06 21 2008

Amount of Each Receipt this Period 62.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial) Meador, David

Mailing Address 11037 Dickerson Mill Road

City Moneta State VA Zip Code 24121

FEC ID number of contributing federal political committee. C

Name of Employer 3 Stories Inc. Occupation Writer

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 50.00

Date of Receipt 06 23 2008

Amount of Each Receipt this Period 50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial) Costagliola, Marissa

Mailing Address 2012 Baynard Blvd.

City Wilmington State DE Zip Code 19802

FEC ID number of contributing federal political committee. C

Name of Employer Veterans Administration Occupation Graphic Artist

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 75.00

Date of Receipt 06 23 2008

Amount of Each Receipt this Period 75.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional)..... ▶ 187.00

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

28039790554

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>43</u> OF <u>57</u>	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle, Initial)
Peck, Heather

Mailing Address
760 Lexington Ave.

City Charlottesville State VA Zip Code 22902

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Educator

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
4500

Date of Receipt
06 24 2008

Amount of Each Receipt this Period
15.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle, Initial)
Dyson - Cobb, Margaret

Mailing Address
335 Enfield Road

City Lexington State VA Zip Code 24450

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
50.00

Date of Receipt
06 27 2008

Amount of Each Receipt this Period
50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle, Initial)
Kennedy, Tom

Mailing Address
216 Sparrow Rd

City Chesapeake State VA Zip Code 23325

FEC ID number of contributing federal political committee. C

Name of Employer Dephynus Engineering Occupation Engineering Manager

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
100.00

Date of Receipt
06 27 2008

Amount of Each Receipt this Period
100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 165.00

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

28039790555

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE <u>44</u> OF <u>57</u>	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Moore, William</u>		Date of Receipt <u>06 27 2008</u>
Mailing Address <u>2938 Fairmont Street</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Falls Church</u>	State <u>VA</u> Zip Code <u>22042</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>American Gas Assoc.</u>	Occupation <u>Database Administrator</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>25.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Robinson, Terry A.</u>		Date of Receipt <u>06 27 2008</u>
Mailing Address <u>6002 Hunterstand Ln</u>		Amount of Each Receipt this Period <u>10.00</u>
City <u>Richmond</u>	State <u>VA</u> Zip Code <u>23237</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Retired</u>	Occupation <u>Teacher</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>50.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Snodgrass, Paul</u>		Date of Receipt <u>06 27 2008</u>
Mailing Address <u>1900 Columbia Pike #211</u>		Amount of Each Receipt this Period <u>15.00</u>
City <u>Arlington</u>	State <u>VA</u> Zip Code <u>22204</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>George Mason University</u>	Occupation <u>Technology Coordinator</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>15.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>50.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790556

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 OF 57	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. Hampton, Judy Marchand		Date of Receipt 06 27 2008
Mailing Address 4701 Cedar Cliff Rd.		Amount of Each Receipt this Period 5000
City Chester	State VA Zip Code 23831	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 5000	

Full Name (Last, First, Middle Initial) B. Block, Jack		Date of Receipt 06 27 2008
Mailing Address 1395 Rifle Range		Amount of Each Receipt this Period 30000
City El Cerrito	State CA Zip Code 94530	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 30000	

Full Name (Last, First, Middle Initial) C. Kinnard, Ann		Date of Receipt 06 27 2008
Mailing Address 2012 Broadier		Amount of Each Receipt this Period 230000
City Odenton	State MD Zip Code 21113	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer Self	Occupation R and A Moving	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 230000	

SUBTOTAL of Receipts This Page (optional)	2650.00
TOTAL This Period (last page this line number only)	

28039790557

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>46</u> OF <u>57</u>
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Kinnard, Ricky</u>		Date of Receipt <u>06 27 2008</u>
Mailing Address <u>2012 Brigadier</u>		Amount of Each Receipt this Period <u>2300 00</u>
City <u>Odenton</u>	State <u>MD</u> Zip Code <u>21113</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>self</u>	Occupation <u>R and A Moving</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>2300 00</u>	

Full Name (Last, First, Middle Initial) B. <u>Worsham, Michael</u>		Date of Receipt <u>06 27 2008</u>
Mailing Address <u>11623 Stephens Point Drive</u>		Amount of Each Receipt this Period <u>25 00</u>
City <u>Chester</u>	State <u>VA</u> Zip Code <u>23831</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>Retired</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>75 00</u>	

Full Name (Last, First, Middle Initial) C. <u>Gottwals, Philip</u>		Date of Receipt <u>06 28 2008</u>
Mailing Address <u>P.O. Box 6666</u>		Amount of Each Receipt this Period <u>100 00</u>
City <u>Columbia</u>	State <u>MD</u> Zip Code	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>self</u>	Occupation <u>Mgt. Consultant</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>100 00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>2425 00</u>
TOTAL This Period (last page this line number only).....▶	<u>0</u>

28039790558

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 OF 57
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>El Aubry</u>		Date of Receipt <u>06 29 2008</u>
Mailing Address <u>P.O. Box 7939</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Richmond</u>	State <u>VA</u> Zip Code <u>23223</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>Student</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>25.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Sanders, Lyle</u>		Date of Receipt <u>06 29 2008</u>
Mailing Address <u>1224 Freehold Close</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Virginia Beach</u>	State <u>VA</u> Zip Code <u>23455</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Harris IT Services</u>	Occupation <u>Network Engineer</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>231.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Holland, James M.</u>		Date of Receipt <u>06 29 2008</u>
Mailing Address <u>4100 Boonesboro Dr.</u>		Amount of Each Receipt this Period <u>100.00</u>
City <u>Richmond</u>	State <u>VA</u> Zip Code <u>23236</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Self</u>	Occupation <u>CPA</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>100.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>175.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790559

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>48</u> OF <u>57</u>				
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Futrell, Peg</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>15102 Gaffney Circle</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Gainesville</u>	State Zip Code <u>VA 20155</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>None</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>25.60</u>	

Full Name (Last, First, Middle Initial) B. <u>Marsh, Henry</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>422 E. Franklin St., Suite 301</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Richmond</u>	State Zip Code <u>VA 23219</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>State of Virginia</u>	Occupation <u>Senator</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>250.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Maxwell, Larry</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>P.O. Box 1026</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Montross</u>	State Zip Code <u>VA 22520</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>None</u>	Occupation <u>Unemployed</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>50.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>325.00</u>
TOTAL This Period (last page this line number only).....▶	

28039790560

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 49 OF 57	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Lewkow, Victoria</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>3520 Lansdowne Rd.</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Midlothian</u>	State <u>VA</u> Zip Code <u>23113</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>SELF</u>	Occupation <u>Freelance Writer</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>25.00</u>	

Full Name (Last, First, Middle Initial) B. <u>Marcus, Philip</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>9437 Clocktower Ln</u>		Amount of Each Receipt this Period <u>20.00</u>
City <u>Columbia</u>	State <u>MD</u> Zip Code <u>21046</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>SELF</u>	Occupation <u>Attorney</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>20.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Webb, Burton</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>PO Box 29</u>		Amount of Each Receipt this Period <u>20.00</u>
City <u>Free Union</u>	State <u>VA</u> Zip Code <u>22940</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Gaston and Wyatt Inc.</u>	Occupation <u>Estimator</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>20.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>65.00</u>
TOTAL This Period (last page this line number only).....	

28039790561

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>50</u> OF <u>67</u>
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Young, Robert</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>665 Fort Raleigh Drive</u>		Amount of Each Receipt this Period <u>20.09</u>
City <u>Virginia Beach</u>	State <u>VA</u> Zip Code <u>23451</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer <u>Eastern Virginia Me</u>	Occupation <u>Professor</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>20.09</u>	

Full Name (Last, First, Middle Initial) B. <u>Reid, Rhonda</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>1 Windblown Court, Unit 103</u>		Amount of Each Receipt this Period <u>25.00</u>
City <u>Baltimore</u>	State <u>MD</u> Zip Code <u>21209</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer <u>University of Maryland</u>	Occupation <u>Healthcare Info. Analyst</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>25.00</u>	

Full Name (Last, First, Middle Initial) C. <u>Moody, Evan</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>137 K St., SE.</u>		Amount of Each Receipt this Period <u>50.00</u>
City <u>Washington</u>	State <u>D.C.</u> Zip Code <u>20003</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Employer <u>Self</u>	Occupation <u>Consultant</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>75.00</u>	

SUBTOTAL of Receipts This Page (optional).....	<u>95.09</u>
TOTAL This Period (last page this line number only).....	

28039790562

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 57
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Canada, David		Date of Receipt 06 30 2008
Mailing Address 17760 River Rd.		Amount of Each Receipt this Period 50.00
City Chesterfield	State VA Zip Code 23838	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer Retired	Occupation clergy	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 50.00	

B. Full Name (Last, First, Middle Initial) Brandt, Paul		Date of Receipt 06 30 2008
Mailing Address 1338 Bells Mill Rd.		Amount of Each Receipt this Period 50.00
City Chesapeake	State VA Zip Code 23322	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer Hospital for Extended Care	Occupation Telemetry Monitor	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 50.00	

C. Full Name (Last, First, Middle Initial) Myrick, Marie Pierre		Date of Receipt 06 30 2008
Mailing Address 1200 Mill Run		Amount of Each Receipt this Period 25.00
City Chesapeake	State VA Zip Code 23322	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

28039790563

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 52 OF 57	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Michailow, George

Mailing Address
2004 Daton Rd.

City Virginia Beach State VA Zip Code 23455

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Bookings Agent

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 75.00

Date of Receipt 06 30 2008

Amount of Each Receipt this Period 50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
Harrison, Terry

Mailing Address
2208 Mill Road

City Powhatan State VA Zip Code 22313

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation None

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 100.00

Date of Receipt 06 30 2008

Amount of Each Receipt this Period 100.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
Aghew, Marian

Mailing Address
1820 Park Ave., #2

City Richmond State VA Zip Code 23220

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: Primary General Other (specify) ▼

Election Cycle-to-Date 50.00

Date of Receipt 06 30 2008

Amount of Each Receipt this Period 50.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

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

200.00

28039790564

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 53 OF 57	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 13c	<input type="checkbox"/> 13d	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. Cousins, Jill		Date of Receipt 06 30 2008
Mailing Address 1517 West Laburnum Ave.		Amount of Each Receipt this Period 4000
City Richmond	State Zip Code VA 23227	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer Virginia Premier	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 4000	

Full Name (Last, First, Middle Initial) B. Clark, Victoria		Date of Receipt 06 30 2008
Mailing Address		Amount of Each Receipt this Period 5000
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 5000	

Full Name (Last, First, Middle Initial) C. McEachin, Donald A.		Date of Receipt 06 30 2008
Mailing Address 5905 West Broad St.		Amount of Each Receipt this Period 25000
City Richmond	State Zip Code VA	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer State of Virginia	Occupation Senator	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25000	

SUBTOTAL of Receipts This Page (optional).....▶	34000
TOTAL This Period (last page this line number only).....▶	

28039790565

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 54 OF 57
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. Ownby, Greg		Date of Receipt 06 30 2008
Mailing Address 2233 Mountain View Road		Amount of Each Receipt this Period 45.00
City Powhatan	State VA Zip Code 23139	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer Powhatan Public School System	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 45.00	

Full Name (Last, First, Middle Initial) B. Pelham, Brenda		Date of Receipt 06 30 2008
Mailing Address 300 North Main St.		Amount of Each Receipt this Period 40.00
City Hopewell	State VA Zip Code 23860	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer City of Hopewell	Occupation Mayor	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 40.00	

Full Name (Last, First, Middle Initial) C. Burke, Thomas Jr.		Date of Receipt 30 06 30 2008
Mailing Address 9943 Cheatams Road		Amount of Each Receipt this Period 25.00
City Amelia	State VA Zip Code 23002	
FEC ID number of contributing federal political committee. C		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

28039790566

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE <u>55</u> OF <u>57</u>	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial) A. Hughes, Cory			Date of Receipt 06 30 2008
Mailing Address 12727 Lodove Rd.			Amount of Each Receipt this Period 40.00
City Amelia	State VA	Zip Code 23002	
FEC ID number of contributing federal political committee. C			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer Amelia Public School System	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 71 00		

Full Name (Last, First, Middle Initial) B. Shelton, Ellen			Date of Receipt 06 30 2008
Mailing Address 1613 Stone River Rd.			Amount of Each Receipt this Period 25.00
City Richmond	State VA	Zip Code 23325	
FEC ID number of contributing federal political committee. C			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 275.00		

Full Name (Last, First, Middle Initial) C. Hildreth, Roger			Date of Receipt 06 30 2008
Mailing Address 507 St. Christopher Rd.			Amount of Each Receipt this Period 100.00
City Richmond	State VA	Zip Code 23226	
FEC ID number of contributing federal political committee. C			Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer None	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 150.00		

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

28039790567

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 57
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) A. <u>Delicate, Mary</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>1221 Warren Avenue</u>		Amount of Each Receipt this Period <u>10000</u>
City <u>Richmond</u>	State <u>VA</u> Zip Code <u>23227</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Self</u>	Occupation <u>Graphic Artist</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>40000</u>	

Full Name (Last, First, Middle Initial) B. <u>Morris-Harris, Evelyn</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>4888 Bonnie Brae Rd.</u>		Amount of Each Receipt this Period <u>5000</u>
City <u>Richmond</u>	State <u>VA</u> Zip Code <u>23234</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Retired</u>	Occupation <u>Group Home Manager</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>7500</u>	

Full Name (Last, First, Middle Initial) C. <u>Schwette, John</u>		Date of Receipt <u>06 30 2008</u>
Mailing Address <u>2403 Chesapeake Cir</u>		Amount of Each Receipt this Period <u>2500</u>
City <u>Chesapeake</u>	State <u>VA</u> Zip Code <u>23324</u>	
FEC ID number of contributing federal political committee. <u>C</u>		Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
Name of Employer <u>Tecnico Corp.</u>	Occupation <u>QA NOT Tech.</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date <u>2500</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>17500</u>
TOTAL This Period (last page this line number only).....▶	

28039790568

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 37
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ELECT ANDRUA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOLEY, EILEEN
Mailing Address

Date of Receipt
06 29 2008

City **CHESAPEAKE** State **VA** Zip Code

Amount of Each Receipt this Period
225.00

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

Name of Employer **NONE** Occupation **RETIRED**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **225.00**

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

Date of Receipt
06 29 2008

City **CHESTERFIELD** State **VA** Zip Code **23832**

Amount of Each Receipt this Period
300.00

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

Name of Employer **CENTRAL STATE HOSP** Occupation **THERAPIST**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **300.00**

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

Date of Receipt

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

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

Name of Employer Occupation

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

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

SUBTOTAL of Receipts This Page (optional) **585.00**
TOTAL This Period (last page this line number only) **14,756.99**

28039790569

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

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

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLOR FOR CONGRESS

A. THE BRICKHOUSE RUN

Full Name (Last, First, Middle Initial)

Mailing Address: **407-409 COCKADE ALLEY**

City: **PETERSBURG** State: **VA** Zip Code: **23803**

Purpose of Disbursement: **MEET + GREET**

Candidate Name: **ANDREA MILLOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **VA** District: **4**

Date of Disbursement: **04 06 2008**

Amount of Each Disbursement this Period: **480.00**

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

B. PARCEL PAUS

Full Name (Last, First, Middle Initial)

Mailing Address

City: **CHESTERFIELD** State: **VA** Zip Code: **23832**

Purpose of Disbursement: **COPY FILE FEC REPORT**

Candidate Name: **ANDREA MILLOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **VA** District: **4**

Date of Disbursement: **04 15 2008**

Amount of Each Disbursement this Period: **539**

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

C. WAWA

Full Name (Last, First, Middle Initial)

Mailing Address

City: **CHESTERFIELD** State: **VA** Zip Code: **23832**

Purpose of Disbursement: **GAS**

Candidate Name: **ANDREA MILLOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **VA** District: **4**

Date of Disbursement: **04 23 2008**

Amount of Each Disbursement this Period: **29.03**

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

SUBTOTAL of Disbursements This Page (optional) **514.42**

TOTAL This Period (last page this line number only)

28039790570

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 13
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
ELECT ANDRUA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHECKS UNLIMITED		Date of Disbursement 04 24 2008
Mailing Address P.O. Box 19000		Amount of Each Disbursement this Period 17755
City COLORADO SPRINGS	State CO	
Zip Code 80935		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement CHECKS		
Candidate Name ANDRUA MILLOR		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 4	

Full Name (Last, First, Middle Initial) B. SHOL OIL		Date of Disbursement 04 28 2008
Mailing Address		Amount of Each Disbursement this Period 3860
City SUFFOLK	State VA	
Zip Code		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GAS		
Candidate Name ANDRUA MILLOR		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 4	

Full Name (Last, First, Middle Initial) C. SONOCO		Date of Disbursement 04 30 2008
Mailing Address		Amount of Each Disbursement this Period 3026
City CHESTER	State VA	
Zip Code		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GAS		
Candidate Name ANDRUA MILLOR		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	24641
TOTAL This Period (last page this line number only).....▶	

28039790571

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

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

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLER, ANDREA R		Date of Disbursement 04 28 2008
Mailing Address 14004 SUMMERS EDGE TERRACE		Amount of Each Disbursement this Period 33.00 .00
City CHESTERFIELD	State VA	
Zip Code 23832		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement 4TH CD FILING FEE		
Candidate Name ANDREA MILLER		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 4	

Full Name (Last, First, Middle Initial) B. MILLER, ANDREA R		Date of Disbursement 05 05 2008
Mailing Address 14004 SUMMERS EDGE		Amount of Each Disbursement this Period 32.44
City CHESTERFIELD	State VA	
Zip Code 23832		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GAS/WAWA		
Candidate Name ANDREA MILLER		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 4	

Full Name (Last, First, Middle Initial) C. MILLER, ANDREA R		Date of Disbursement 04 06 2008
Mailing Address 14004 SUMMERS EDGE TERRACE		Amount of Each Disbursement this Period 38.50
City CHESTERFIELD	State VA	
Zip Code 23832		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE MAX (SUPPLIES)		
Candidate Name ANDREA MILLER		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 4	

SUBTOTAL of Disbursements This Page (optional).....▶	33.94
TOTAL This Period (last page this line number only).....▶	33.94

28039790572

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

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 13

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLER, ANDREA R		Date of Disbursement M M D D Y Y Y Y <u>05 12 2008</u>
Mailing Address <u>14004 SUMMERSEDGE TERRACE</u>		Amount of Each Disbursement this Period <u>198.45</u>
City <u>CHESTERFIELD</u>	State <u>VA</u>	
Zip Code <u>23832</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <u>BANNER HOLDER / GIFTS + FLAGS</u>		
Candidate Name <u>ANDREA MILLER</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MILLER, ANDREA R		Date of Disbursement M M D D Y Y Y Y <u>05 22 2008</u>
Mailing Address <u>14004 SUMMERSEDGE TERRACE</u>		Amount of Each Disbursement this Period <u>30000</u>
City <u>CHESTERFIELD</u>	State <u>VA</u>	
Zip Code <u>23832</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <u>PRAC / OFFICE RENT</u>		
Candidate Name <u>ANDREA MILLER</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u>	District: <u>4</u>	

Full Name (Last, First, Middle Initial) C. MILLER, ANDREA R		Date of Disbursement M M D D Y Y Y Y <u>05 27 2008</u>
Mailing Address <u>14004 SUMMERSEDGE TERRACE</u>		Amount of Each Disbursement this Period <u>1890</u>
City <u>CHESTERFIELD</u>	State _____	
Zip Code _____		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <u>DIXIE DINER / STAFF MEAL</u>		
Candidate Name _____		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	<u>516.90</u>
TOTAL This Period (last page this line number only).....▶	

28039790573

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

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

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLER, ANDREA R		Date of Disbursement 05 30 2008
Mailing Address 14004 SUMMORSEGE TERRACE		Amount of Each Disbursement this Period 8082
City CHESTERFIELD	State VA	
Zip Code 23832		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement GOLF SHOES / SON MARSIT TOURNY		
Candidate Name ANDREA MILLER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 4	

Full Name (Last, First, Middle Initial) B. MILLER, ANDREA R		Date of Disbursement 05 30 2008
Mailing Address 14004 SUMMORSEGE TERRACE		Amount of Each Disbursement this Period 3955
City CHESTERFIELD	State VA	
Zip Code 23832		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement OFFICE DEPOT / SUPPLIES		
Candidate Name ANDREA MILLER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 4	

Full Name (Last, First, Middle Initial) C. MILLER, ANDREA R		Date of Disbursement 06 02 2008
Mailing Address 14004 SUMMORSEGE TERRACE		Amount of Each Disbursement this Period 4421
City CHESTERFIELD	State VA	
Zip Code 23832		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement RACEWAY / GAS		
Candidate Name ANDREA MILLER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	164.58
TOTAL This Period (last page this line number only).....▶	

28039790574

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>6</u> OF <u>13</u>	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
ELECT ANDRUSA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLOR, ANDRUSA R		Date of Disbursement MM DD YYYY <u>06 02 2008</u>
Mailing Address <u>14004 SUMMERSEDGE TERRACE</u>		Amount of Each Disbursement this Period <u>29.19</u>
City <u>CHESTERFIELD</u>	State <u>VA</u>	
Zip Code <u>23832</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <u>GLOBAL EMBROIDERY / CAPS</u>		
Candidate Name <u>ANDRUSA MILLOR</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u>	District: <u>4</u>	

Full Name (Last, First, Middle Initial) B. MILLOR, ANDRUSA R		Date of Disbursement MM DD YYYY <u>06 03 2008</u>
Mailing Address <u>14004 SUMMERSEDGE TERRACE</u>		Amount of Each Disbursement this Period <u>193.34</u>
City <u>CHESTERFIELD</u>	State <u>VA</u>	
Zip Code <u>23832</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <u>DAB TECHNOLOGIES / TOWER</u>		
Candidate Name <u>ANDRUSA MILLOR</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u>	District: <u>4</u>	

Full Name (Last, First, Middle Initial) C. MILLOR, ANDRUSA R		Date of Disbursement MM DD YYYY <u>06 03 2008</u>
Mailing Address <u>14004 SUMMERSEDGE TERRACE</u>		Amount of Each Disbursement this Period <u>39.35</u>
City <u>CHESTERFIELD</u>	State <u>VA</u>	
Zip Code <u>23832</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <u>RACEWAY / GAS</u>		
Candidate Name <u>ANDRUSA MILLOR</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u>	District: <u>4</u>	

SUBTOTAL of Disbursements This Page (optional).....▶	<u>261.88</u>
TOTAL This Period (last page this line number only).....▶	

28039790575

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

<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)
ELECT ANDROIA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. <u>MILLOR, ANDROIA R</u>		Date of Disbursement <u>06 03 2008</u>
Mailing Address		Amount of Each Disbursement this Period <u>25.70</u>
City	State Zip Code	
Purpose of Disbursement <u>GAS/WAWA</u>	Candidate Name <u>ANDROIA MILLOR</u>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <u>VA</u> District: <u>4</u>		

Full Name (Last, First, Middle Initial) B. <u>MILLOR, ANDROIA R</u>		Date of Disbursement <u>06 04 2008</u>
Mailing Address		Amount of Each Disbursement this Period <u>53.16</u>
City	State Zip Code	
Purpose of Disbursement <u>CRACKER BARRER / STAFF MEAL</u>	Candidate Name <u>ANDROIA MILLOR</u>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <u>VA</u> District: <u>4</u>		

Full Name (Last, First, Middle Initial) C. <u>MILLOR, ANDROIA R</u>		Date of Disbursement <u>06 05 2008</u>
Mailing Address		Amount of Each Disbursement this Period <u>500.00</u>
City	State Zip Code	
Purpose of Disbursement <u>STAFF SALARY (DAN COLEMAN)</u>	Candidate Name <u>ANDROIA MILLOR</u>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: <u>VA</u> District: <u>4</u>		

SUBTOTAL of Disbursements This Page (optional).....▶	<u>578.86</u>
TOTAL This Period (last page this line number only).....▶	

28039790576

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

<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)
ELECT ANDREA MILLOR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLOR, ANDREA		Date of Disbursement 06 06 2008
Mailing Address		Amount of Each Disbursement this Period 66.61
City State Zip Code		
Purpose of Disbursement MILE POST 5 / STAFF MEAL	Category/Type	
Candidate Name ANDREA MILLOR	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 4		

Full Name (Last, First, Middle Initial) B. MILLOR, ANDREA R		Date of Disbursement 06 10 2008
Mailing Address		Amount of Each Disbursement this Period 99.00
City State Zip Code		
Purpose of Disbursement BEST BUY (WIRELESS ROUTER)	Category/Type	
Candidate Name ANDREA MILLOR	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 4		

Full Name (Last, First, Middle Initial) C. MILLOR, ANDREA R		Date of Disbursement 06 11 2008
Mailing Address		Amount of Each Disbursement this Period 319.75
City State Zip Code		
Purpose of Disbursement DR. DOW'S BOTTOMS	Category/Type	
Candidate Name ANDREA MILLOR	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 4		

SUBTOTAL of Disbursements This Page (optional).....▶	485.36
TOTAL This Period (last page this line number only).....▶	

28039790577

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

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

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NAME OF COMMITTEE (In Full)

ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLER, ANDREA R		Date of Disbursement 06 11 2008
Mailing Address		Amount of Each Disbursement this Period 223.07
City	State Zip Code	
Purpose of Disbursement <u>GRAPHICSHAWD</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <u>ANDREA MILLER</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u> District: <u>4</u>		

Full Name (Last, First, Middle Initial) B. MILLER, ANDREA R		Date of Disbursement 06 12 2008
Mailing Address		Amount of Each Disbursement this Period 37.85
City	State Zip Code	
Purpose of Disbursement <u>WAWA/GAS</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <u>ANDREA MILLER</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u> District: <u>4</u>		

Full Name (Last, First, Middle Initial) C. MILLER, ANDREA R		Date of Disbursement 06 12 2008
Mailing Address		Amount of Each Disbursement this Period 27.79
City	State Zip Code	
Purpose of Disbursement <u>TENJIMURA / STAFF MEAL</u>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <u>ANDREA MILLER</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <u>VA</u> District: <u>4</u>		

SUBTOTAL of Disbursements This Page (optional)	288.71
TOTAL This Period (last page this line number only)	

28039790578

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **MILLOR, ANDREA R** Date of Disbursement **06 13 2008**

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period **238.76**

Purpose of Disbursement **MINUTEMAN PRESS** Category/Type _____

Candidate Name **ANDREA MILLOR**

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) _____
 President

State: **VA** District: **4**

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

B. Full Name (Last, First, Middle Initial) **MILLOR, ANDREA** Date of Disbursement **06 13 2008**

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period **200.00**

Purpose of Disbursement **DEMOCRATIC PARTY OF VA** Category/Type _____

Candidate Name **ANDREA MILLOR**

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) _____
 President

State: **VA** District: **4**

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

C. Full Name (Last, First, Middle Initial) **MILLOR, ANDREA R** Date of Disbursement **06 13 2008**

Mailing Address _____

City _____ State _____ Zip Code _____ Amount of Each Disbursement this Period **124.46**

Purpose of Disbursement **STAPLES** Category/Type _____

Candidate Name **ANDREA MILLOR**

Office Sought: House Disbursement For: Primary General
 Senate Other (specify) _____
 President

State: **VA** District: **4**

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

SUBTOTAL of Disbursements This Page (optional) **563.22**

TOTAL This Period (last page this line number only)

28039790579

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

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

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NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILLER, ANDREA R		Date of Disbursement 06 13 2008
Mailing Address		Amount of Each Disbursement this Period 7000
City	State Zip Code	
Purpose of Disbursement ACT BLUE	Candidate Name ANDREA MILLER	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: VA District: 4		

Full Name (Last, First, Middle Initial) B. MILLER, ANDREA R		Date of Disbursement 06 13 2008
Mailing Address		Amount of Each Disbursement this Period 54.64
City	State Zip Code	
Purpose of Disbursement APPEEES / STAFF MEAL	Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: VA District: 4		

Full Name (Last, First, Middle Initial) C. MILLER, ANDREA R		Date of Disbursement 06 13 2008
Mailing Address		Amount of Each Disbursement this Period 4011
City	State Zip Code	
Purpose of Disbursement LIBERTY/GAS	Candidate Name ANDREA MILLER	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: VA District: 4		

SUBTOTAL of Disbursements This Page (optional).....▶	16475
TOTAL This Period (last page this line number only).....▶	

28039790580

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

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

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

NAME OF COMMITTEE (In Full)
ELECT ANDRUA MILLOR FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MILLOR, ANDRUA R		Date of Disbursement 06 16 2008
Mailing Address		Amount of Each Disbursement this Period 10057
City	State Zip Code	
Purpose of Disbursement RAMADA INN / CONVENTION HOTEL		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 4		

B. Full Name (Last, First, Middle Initial) MILLOR, ANDRUA R		Date of Disbursement 06 16 2008
Mailing Address		Amount of Each Disbursement this Period 3104
City	State Zip Code	
Purpose of Disbursement BOSTON MARKET / STAFF MEAL		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name ANDRUA MILLOR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 4		

C. Full Name (Last, First, Middle Initial) MILLOR, ANDRUA R		Date of Disbursement 06 18 2008
Mailing Address		Amount of Each Disbursement this Period 200000
City	State Zip Code	
Purpose of Disbursement STAFF SALARY		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name ANDRUA MILLOR		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 4		

SUBTOTAL of Disbursements This Page (optional).....▶	213161
TOTAL This Period (last page this line number only).....▶	

28039790581

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

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

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

NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MILLER ANDREA R		Date of Disbursement 06 18 2008
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement STAFF SALARY	Candidate Name ANDREA MILLER	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: VA District: 4		

B. Full Name (Last, First, Middle Initial) MILLER, ANDREA R		Date of Disbursement 06 25 2008
Mailing Address		Amount of Each Disbursement this Period 175.00
City	State Zip Code	
Purpose of Disbursement DEFENDER PUBLICATION / AD	Candidate Name ANDREA MILLER	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: VA District: 4		

C. Full Name (Last, First, Middle Initial) MILLER, ANDREA R		Date of Disbursement 06 30 2008
Mailing Address		Amount of Each Disbursement this Period 500.00
City	State Zip Code	
Purpose of Disbursement STAFF SALARY	Candidate Name ANDREA MILLER	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: VA District: 4		

SUBTOTAL of Disbursements This Page (optional)..... ▶	11,750.00
TOTAL This Period (last page this line number only)..... ▶	10,462.64

28039790582

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 1 OF 3

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
ELECT ANDRUA MILLER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLER, ANDRUA R

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
14004 SUMMERSEGE TERRACE

City State ZIP Code
CHESTERFIELD VA 23832

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3,300.00		6,300.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 28 2008		1200 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ **630000**

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

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

28039790583

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 2 OF 3

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLOR FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
RICHARD L. SUMNER

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
14004 SUMMERSEDGE TERRACE

City State ZIP Code
CHESTERFIELD VA 23832

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000	25000	000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 29 2008			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ **6300.00**

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

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

28039790584

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
ELECT ANDREA MILLER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLER, ANDREA R

Election:
 Primary
 General
 Other (specify)

Mailing Address
14004 SUMMERSEDGE TERRACE

City State ZIP Code
CHESTORFIELD VA 23832

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<i>43,120.00</i>	<i>0.00</i>	<i>43,120.00</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<i>06 17 2008</i>	<i>06 17 2008</i>	<i>0.00% (apr)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	<i>43,120.00</i>
TOTALS This Period (last page in this line only).....	<i>106,620.00</i>

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

28039790585

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE / OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

ELECT ANDREA MILLER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>DAN COLEMAN</i>	Nature of Debt (Purpose): <i>EXPENSES</i>
Mailing Address	
City State Zip Code <i>MEMPHIS TN</i>	

Outstanding Balance Beginning This Period <i>500.00</i>	Amount Incurred This Period <i>500.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>500.00</i>
--	--	------------------------------------	--

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>TRU BLUE POLITICS</i>	Nature of Debt (Purpose): <i>EXPENSES</i>
Mailing Address	
City State Zip Code <i>ROANOKE VA</i>	

Outstanding Balance Beginning This Period <i>2250.00</i>	Amount Incurred This Period <i>2250.00</i>	Payment This Period <i>0.00</i>	Outstanding Balance at Close of This Period <i>2250.00</i>
---	---	------------------------------------	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
---	-----------------------------	---------------------	---

1) SUBTOTALS This Period This Page (optional)	<i>2750.00</i>
2) TOTALS This Period (last page this line number only)	<i>2750.00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<i>10,612.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>13,362.00</i>

28039790586

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>ELECT ANDRUSA MILLER FOR CONGRESS</i>		Report Covering Period: From: <i>04 01 2008</i> To: <i>06 31 2008</i>				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A	<i>ELECT ANDRUSA MILLER FOR CONGRESS</i>	<i>14,756</i>	<i>0</i>			
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0</i>	<i>0</i>	<i>14,756</i>	<i>0</i>	<i>7612</i>	<i>250</i>
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>7862</i>	<i>0</i>	<i>0</i>	<i>22,618.99</i>	<i>10,462.64</i>	<i>0</i>
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0</i>	<i>250</i>	<i>250</i>	<i>0</i>	<i>0</i>	<i>0</i>
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>0</i>	<i>0</i>	<i>10,712.64</i>	<i>478.23</i>	<i>12,384.58</i>	<i>0</i>
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>2750</i>	<i>14,756.99</i>	<i>10,462.64</i>			
B						

28039790587

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): UPS	Shipping Date 7/17/08
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked



PREPARER
(3/2005)

7/18/08

DATE PREPARED

28039790588