



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Moran for Congress

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	155041.00	1236164.41
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	7900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	155041.00	1228264.41
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	148530.62	796970.60
(b) Total Offsets to Operating Expenditures (from Line 14).....	900.00	14404.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	147630.62	782566.27
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	569631.19	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
Moran for Congress

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

**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).....

84250.00

838806.78

(ii) Unitemized.....

12041.00

19758.00

(iii) TOTAL of contributions

96291.00

858564.78

from individuals..... ▶

5000.00

5000.00

(b) Political Party Committees.....

53750.00

372599.63

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

155041.00

1236164.41

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

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

900.00

14404.33

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

722.11

3151.25

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

156663.11

1253719.99

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	148530.62	796970.60
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	6900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	7900.00
21. OTHER DISBURSEMENTS.....	51100.00	135323.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	199630.62	940193.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	612598.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	156663.11
25. SUBTOTAL (add Line 23 and Line 24).....	769261.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	199630.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	569631.19

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Karen C. Abramson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 320 1/2 Mansion Dr		<b>Transaction ID: C23094</b>	
City Alexandria	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22302-2903		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Marjorie R. Abramson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 4800 Fillmore Ave Apt 1059		<b>Transaction ID: C22797</b>	
City Alexandria	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 22311-5076		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer n/a	Occupation Retired		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Michael P. Amann</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 3680 Wheeler Ave		<b>Transaction ID: C22863</b>	
City Alexandria	State VA	Amount of Each Receipt this Period 1000.00	
Zip Code 22304-6403		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. C			
Name of Employer Wrecking Corp. of America	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> John Andelin		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 129 N Irving St		Transaction ID: C22681
City State Zip Code Arlington VA 22201-1060	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> William B. Bader		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1800 K St NW		Transaction ID: C22801
City State Zip Code Washington DC 20006-2202	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer National Defense Univ.	Occupation Educator	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rita Balian		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 1300 Crystal Dr No. 1505		Transaction ID: C22864
City State Zip Code Arlington VA 22202-3234	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation Homemaker	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 98
	<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)  
Moran for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kenneth R. Bartee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 12807 Rose Grove Dr		<b>Transaction ID:</b> C22838
City State Zip Code Oak Hill VA 20171-1752	Amount of Each Receipt this Period 2100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation McDonald Braadley, Inc. CEO	Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>B.</b> Full Name (Last, First, Middle Initial) Susan E. Bartee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 12807 Rose Grove Dr		<b>Transaction ID:</b> C22839
City State Zip Code Oak Hill VA 20171-1752	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Homemaker	Election Cycle-to-Date 900.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>C.</b> Full Name (Last, First, Middle Initial) Carolyn Becraft		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 8942 Kenilworth Dr		<b>Transaction ID:</b> C22772
City State Zip Code Burke VA 22015-2175	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Becraft Associates President	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Anthony Benkahla		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address PO Box 1794		<b>Transaction ID:</b> C22719
City State Zip Code Falls Church VA 22041-0794	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer T&T Homebuilders	Occupation Building Contractor	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> LuAnn L. Bennett		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 175 Chain Bridge Rd		<b>Transaction ID:</b> C22840
City State Zip Code Mc Lean VA 22101-1907	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer RAB Management, Inc.	Occupation Real Estate Management	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Richard L. Bennett		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 4177 Elizabeth Ln		<b>Transaction ID:</b> C22841
City State Zip Code Annandale VA 22003-3650	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Advanced Systems Development, Inc.	Occupation President/CEO	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Ashraf Bhagat		Date of Receipt MM / DD / YYYY 09 / 14 / 2006
Mailing Address 6374 Lakeview Dr		<b>Transaction ID:</b> C22723
City Falls Church	State VA	Zip Code 22041-1334
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer n/a	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Beau Boulter		Date of Receipt MM / DD / YYYY 09 / 14 / 2006
Mailing Address 6932 Fairfax Dr Unit 204		<b>Transaction ID:</b> C22720
City Arlington	State VA	Zip Code 22213-1030
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Beau Boulter, LLC	Occupation Government Relations	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Roy I. Brooks		Date of Receipt MM / DD / YYYY 08 / 28 / 2006
Mailing Address 5505 Seminary Rd Apt 606N		<b>Transaction ID:</b> C22867
City Falls Church	State VA	Zip Code 22041-3535
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer n/a	Occupation Retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 98
	<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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann W. Brown

Mailing Address 2734 Rhone Dr

City State Zip Code  
Palm Beach Gardens FL 33410-1203

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: C22686

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 406 Skyhill Raod

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Butler Public Affairs Occupation Management Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2006

Transaction ID: C22717

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 2007 N Dinwiddie St

City State Zip Code  
Arlington VA 22207-1931

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

Name of Employer Capitol Development Corp. LLC Occupation Real Estate Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: C22800

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> W. Raymond R. Colley		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1105 Dalebrook Dr		<b>Transaction ID:</b> C22828
City State Zip Code Alexandria VA 22308-2019	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation Retired	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert J. Conkling		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 1021 Arlington Blvd No. E-1208		<b>Transaction ID:</b> C22907
City State Zip Code Arlington VA 22209-3926	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer VSSL Holdings, Inc.	Occupation President	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ilka B. Davis		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 706 Jackson St		<b>Transaction ID:</b> C22805
City State Zip Code Falls Church VA 22046-2831	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a	Occupation Homemaker	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 98
	<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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
Marsden S. Davis

Mailing Address 706 Jackson St

City Falls Church State VA Zip Code 22046-2831

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

Name of Employer Progeny Systems Occupation Director of Navy Programs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 21 / 2006

**Transaction ID: C22804**

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 3275 Willow Glen Dr

City Oak Hill State VA Zip Code 20171-1917

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 16 / 2006

**Transaction ID: C22843**

Amount of Each Receipt this Period  
 1900.00

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

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

Mailing Address 3275 Willow Glen Dr

City Oak Hill State VA Zip Code 20171-1917

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

Name of Employer McDonald Bradley, Inc. Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 16 / 2006

**Transaction ID: C22842**

Amount of Each Receipt this Period  
 2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 98
	<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)  
Moran for Congress

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

Mailing Address 3528 W 48th St

City Indianapolis State IN Zip Code 46228-2083

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

Name of Employer Briartek Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: C22824

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 1700 Pennsylvania Ave NW

City Washington State DC Zip Code 20006-4704

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 14 / 2006

Transaction ID: C22726

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 1214 Buchanan St

City McLean State VA Zip Code 22101-3017

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

Transaction ID: C22679

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Albert J. Dvoskin		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 9302 Lee Hwy Ste 300		Transaction ID: C22815
City State Zip Code Fairfax VA 22031-6052	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation AJ Dvoskin & Associates, Inc. CEO/President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph W. Dyer		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 22347 Cedar Point Rd Unit 6		Transaction ID: C22808
City State Zip Code Patuxent River MD 20670-1161	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Clark & Weinstock Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Francis L. Eisenbarth		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 6600 Rutledge Dr		Transaction ID: C22844
City State Zip Code Fairfax Station VA 22039-1700	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation McDonald Bradley Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Josephine Erkiletian		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 4607 Latrobe Pl		<b>Transaction ID:</b> C22901
City State Zip Code Alexandria VA 22311-4957	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Realtor	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> James L. Ervin		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 116 Queen St		<b>Transaction ID:</b> C22667
City State Zip Code Alexandria VA 22314-2611	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation ETA, Inc. President	Election Cycle-to-Date 1500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Bernard M. Fagelson		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1775 Jamieson Ave Ste 200		<b>Transaction ID:</b> C22760
City State Zip Code Alexandria VA 22314-5742	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Fagelson, Schonberger, et-c. Attorney	Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> A. Huda Farouki		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 6
Mailing Address 9005 Old Dominion Dr		<b>Transaction ID:</b> C22909
City McLean	State VA	Zip Code 22102-1015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Financial Instruments & Investment	Occupation CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jean-Marie Fernandez		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 6824 Capri Place		<b>Transaction ID:</b> C23093
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Fernandez Foundation	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kathleen Ferris		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 13400 Running Pump Ct		<b>Transaction ID:</b> C22845
City Herndon	State VA	Zip Code 20171-3613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer McDonald Bradley, Inc.	Occupation Vice President, Human Resources	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Kari J. Fleischer		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 9890 Gold Dust Ct		Transaction ID: C22911	
City Vienna	State VA	Amount of Each Receipt this Period 800.00	
Zip Code 22181-5376		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer n/a	Occupation Homemaker		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy B. Fleischer		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 9890 Gold Dust Ct		Transaction ID: C22910	
City Vienna	State VA	Amount of Each Receipt this Period 100.00	
Zip Code 22181-5376		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Portal Dynamics	Occupation Chairman		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4100.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Harry D. Gatanas		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 1622 Wyatts Ridge Rd		Transaction ID: C22769	
City Crownsville	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 21032-2143		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SI International	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 18 / 98</span> (check only one) <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Thomas Wm. Gittins, Jr. Mailing Address 6834 Woodland Dr City Falls Church State VA Zip Code 22046-2324 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID: C22807</b> Amount of Each Receipt this Period 1000.00
Name of Employer Gittins & Associates, Inc. Occupation President Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>B.</b> Olga Grkavac Mailing Address 1276 N Wayne St Apt 1220 City Arlington State VA Zip Code 22201-5857 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6 <b>Transaction ID: C22914</b> Amount of Each Receipt this Period 250.00
Name of Employer ITAA Occupation Consultant Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial) <b>C.</b> Gary M. Hall Mailing Address 4113 Scotland Rd City Alexandria State VA Zip Code 22309-3040 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6 <b>Transaction ID: C22773</b> Amount of Each Receipt this Period 500.00
Name of Employer Potomac Advocates Occupation Partner Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Laila Hatami		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 8456 Lanier Overlook Ct		Transaction ID: C22826
City State Zip Code Bristow VA 20136-1181	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Cycasoft Executive	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Hemphill		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 9306 Kendale Rd		Transaction ID: C22830
City State Zip Code Potomac MD 20854-4515	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation AES Corp. Executive Vice President	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Arline M. Hoffman		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 1402 Greenwood PI		Transaction ID: C22915
City State Zip Code Alexandria VA 22304-1604	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Homemaker	Election Cycle-to-Date 4000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Cyndi Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 821 Seneca Rd		Transaction ID: C22917	
City State Zip Code Great Falls VA 22066-1317	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Homemaker	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> Hubert N. Hoffman, III		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 2461 Eisenhower Ave		Transaction ID: C22936	
City State Zip Code Alexandria VA 22331-3013	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Hoffman Company, Inc. Occupation Chairman of the Board	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> Peggy L. Hoffman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 6	
Mailing Address 2461 Eisenhower Ave		Transaction ID: C22937	
City State Zip Code Alexandria VA 22331-3013	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Homemaker	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 98
	<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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas N. Hoffman

Mailing Address 821 Seneca Rd

City State Zip Code  
Great Falls VA 22066-1317

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

Name of Employer Hoffman Company, Inc. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2006

**Transaction ID: C22916**

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 2609 Gadsby PI

City State Zip Code  
Alexandria VA 22311-4929

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

Name of Employer RS Information Systems, Inc. Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

**Transaction ID: C22832**

Amount of Each Receipt this Period  
2100.00

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

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

Mailing Address 2609 Gadsby PI

City State Zip Code  
Alexandria VA 22311-4929

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

Name of Employer RS Information Systems, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4200.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

**Transaction ID: C22831**

Amount of Each Receipt this Period  
2100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 98
	<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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
Jean M. Kitonis

Mailing Address 9760 Tico Ln

City State Zip Code  
Bristow VA 20136-1600

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

Name of Employer Progeny Systems Corporation  
Occupation Administrator

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: C22810

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Walter P. Kitonis, III

Mailing Address 9760 Tico Ln

City State Zip Code  
Bristow VA 20136-1600

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

Name of Employer Progeny Systems Corporation  
Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

Transaction ID: C22809

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2201 Whiteoaks Dr

City State Zip Code  
Alexandria VA 22306-2436

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

Name of Employer Christian Relief Service  
Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2006

Transaction ID: C22883

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Seldon M. Kruger</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 11671 Hemingway Drive		<b>Transaction ID: C22680</b>	
City State Zip Code Reston VA 20194	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Information Requested Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. William Layson</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 8301 Summerwood Dr		<b>Transaction ID: C22884</b>	
City State Zip Code McLean VA 22102-2213	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Retired Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Christopher T. Long</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 8529 W Oak Pl		<b>Transaction ID: C22771</b>	
City State Zip Code Vienna VA 22182-5066	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer National Ship Repair Coalition Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation President Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Timothy Lovain		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 2606 Davis Ave		<b>Transaction ID:</b> C22775
City State Zip Code Alexandria VA 22302-2815	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Denny Miller Associates Vice President	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Shaista Mahmood		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 4290 Neitzey Pl		<b>Transaction ID:</b> C23092
City State Zip Code Alexandria VA 22309-3069	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Homemaker	Election Cycle-to-Date 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas B. McVey		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 1645 Besley Rd		<b>Transaction ID:</b> C22806
City State Zip Code Vienna VA 22182-2002	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Williams Mulley Attorney	Election Cycle-to-Date 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Betty Jo Middleton		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 203 W Glendale Ave		<b>Transaction ID:</b> C22765	
City State Zip Code Alexandria VA 22301-2452	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer UV Church of Reston	Occupation Minister		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lawrence A. Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 3820 52nd St NW		<b>Transaction ID:</b> C22718	
City State Zip Code Washington DC 20016-1924	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Grossberg Yochelson Fox & Beyda	Occupation Attorney		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Patricia A. Moskowitz		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 10202 Palmer Glen Ct		<b>Transaction ID:</b> C22666	
City State Zip Code Oakton VA 22124-2642	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Robert B. Nealon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 6204 Foxcroft Rd		<b>Transaction ID: C22814</b>	
City State Zip Code Alexandria VA 22307-1103	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Self-Employed Occupation Attorney	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. William J. Nichols</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 8204 Roseland Dr		<b>Transaction ID: C22774</b>	
City State Zip Code Fairfax Station VA 22039-2533	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer The Potomac Advocates Occupation Consultant/Partner	Election Cycle-to-Date 2500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Holly Nolting</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 3607 N Vernon St		<b>Transaction ID: C22922</b>	
City State Zip Code Arlington VA 22207-4541	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Hoffman Company Occupation President	Election Cycle-to-Date 4000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 98
	<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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
Thomas A. O'Donnell

Mailing Address 6616 Saint Mark Ct

City State Zip Code  
Alexandria VA 22306-1355

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

Name of Employer Continental Consulting Group  
Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: C22762

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 3101 N Hampton Dr  
Apt 811

City State Zip Code  
Alexandria VA 22302-1525

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

Name of Employer Chenega Technology  
Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2006

Transaction ID: C22850

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2099 Pennsylvania Ave NW  
Ste 900

City State Zip Code  
Washington DC 20006-6804

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

Name of Employer Rappahannock Investment Company  
Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4100.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

Transaction ID: C22821

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 98
	<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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Perine

Mailing Address 9234 Rockefeller Ln

City State Zip Code  
Springfield VA 22153-1104

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

Name of Employer Hoffman Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: C22923

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 322 E Central Blvd  
Unit 1503

City State Zip Code  
Orlando FL 32801-4348

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

Name of Employer Edmond Scientific Occupation President/CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

Transaction ID: C22779

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 111 N Irving St

City State Zip Code  
Arlington VA 22201-1047

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

Name of Employer Paralyzed Veterans of America Occupation Associate Advocacy Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 6

Transaction ID: C22925

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. William Pulsipher, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 6303 Clear Springs Ct		Transaction ID: C22851
City State Zip Code Clifton VA 20124-2360	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation McDonald Bradley, Inc. Program Director, Advanced Tech.		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Raabe</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 3300 Circle Hill Rd		Transaction ID: C22799
City State Zip Code Alexandria VA 22305-1708	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Self-Employed Consultant		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Paul F. Reagan</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006
Mailing Address 8624 Etta Dr		Transaction ID: C22928
City State Zip Code Springfield VA 22152-2705	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation McGuire Woods Consulting Sr. Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 98
	<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)  
Moran for Congress

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

Mailing Address 2674 Marcey Rd

City Arlington State VA Zip Code 22207-5234

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

Name of Employer Wilmer, Cutler & Pickering Occupation Partner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 14 / 2006

Transaction ID: C22715

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address 330 N Pitt St

City Alexandria State VA Zip Code 22314-2509

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 16 / 2006

Transaction ID: C22853

Amount of Each Receipt this Period  
 100.00

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

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

Mailing Address 330 N Pitt St

City Alexandria State VA Zip Code 22314-2509

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 21 / 2006

Transaction ID: C22766

Amount of Each Receipt this Period  
 200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 98
	<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)  
Moran for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Gail L. Rissler		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006	
Mailing Address 12625 Thunder Chase Dr		<b>Transaction ID:</b> C22854	
City State Zip Code Reston VA 20191-5831		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation McDonald Bradley, Inc. Executive VP			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Matthew D. Roberts		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1600 Prince St Apt 613		<b>Transaction ID:</b> C22684	
City State Zip Code Alexandria VA 22314-2838		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation CRE, Inc. Chairman			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sharon Percy Rockefeller		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2121 Park Rd NW		<b>Transaction ID:</b> C22678	
City State Zip Code Washington DC 20010-1049		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation WETA TV President/CEO			
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara B. Rosenfeld		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 202 S Saint Asaph St		Transaction ID: C22890
City State Zip Code Alexandria VA 22314-3744	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer n/a Occupation Retired	Election Cycle-to-Date 500.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>B.</b> Henry Samueli		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 537 Newport Center Dr		Transaction ID: C22891
City State Zip Code Newport Beach CA 92660-0911	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer H&S Ventures, LLC Occupation Partner	Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>C.</b> Henry Samueli		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 537 Newport Center Dr		Transaction ID: C22892
City State Zip Code Newport Beach CA 92660-0911	Amount of Each Receipt this Period 1100.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer H&S Ventures, LLC Occupation Partner	Election Cycle-to-Date 2100.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Charles Scalera		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 321 D St NE		Transaction ID: C22770	
City Washington	State DC	Amount of Each Receipt this Period 250.00	
Zip Code 20002-5721		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Potomac Advocates	Occupation Partner		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jan Schoonmaker		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 147 E St SE		Transaction ID: C22798	
City Washington	State DC	Amount of Each Receipt this Period 500.00	
Zip Code 20003-2614		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Van Scoyoc Associates	Occupation Vice President		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Khurram Shah		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 6857 Drifton Ct		Transaction ID: C22825	
City Centreville	State VA	Amount of Each Receipt this Period 2000.00	
Zip Code 20121-5725		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer ICS	Occupation Executive		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. George H. Siemering</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 410 N Lombardy St		Transaction ID: C22716
City State Zip Code Arlington VA 22203-1069	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Southpaws Veterinary Spec. Veterinarian	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. William Soza</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 1295 Ballantrae Farm Dr		Transaction ID: C22724
City State Zip Code McLean VA 22101-3027	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Retired	Election Cycle-to-Date 4000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. James Stadler</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006
Mailing Address 1867 Ignacio Valley Road, #345		Transaction ID: C22895
City State Zip Code Walnut Creek CA 94598	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation n/a Retired	Election Cycle-to-Date 250.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 98
	<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Dorothea E. Sutton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 13554 Point Pleasant Dr		Transaction ID: C22856
City State Zip Code Chantilly VA 20151-2443	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation McDonald Bradley Executive	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> John A. Sutton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 13554 Point Pleasant Dr		Transaction ID: C22855
City State Zip Code Chantilly VA 20151-2443	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation McDonald Bradley, Inc. Senior Vice President	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Marvin F. Weissberg		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1901 N Moore St Ste 803		Transaction ID: C22721
City State Zip Code Arlington VA 22209-1706	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation n/a Retired	Election Cycle-to-Date ▼ 4000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4200.00
<b>TOTAL</b> This Period (last page this line number only) .....	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 98
	<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)  
Moran for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Marvin F. Weissberg		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1901 N Moore St Ste 803		<b>Transaction ID:</b> C22939
City Arlington State VA Zip Code 22209-1706	Amount of Each Receipt this Period 800.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer n/a Occupation Retired	Election Cycle-to-Date ▼ 4000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Velasquez & Lausell, LLC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 3050 K St NW Ste 160		<b>Transaction ID:</b> C22659
City Washington State DC Zip Code 20007-5121	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  PARTNERSHIP--partners below if itemized
Name of Employer Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Joe Velasquez		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6
Mailing Address 1617 Inlet Ct		<b>Transaction ID:</b> C22660
City Reston State VA Zip Code 20190-4429	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b>
Name of Employer Velasquez & Lausell, LLC Occupation Partner	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	84250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" 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)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
EIGHTH DISTRICT DEMOCRATIC COMMITTEE

Mailing Address 3757 MADISON LANE

City State Zip Code  
FALLS CHURCH VA 22041

FEC ID number of contributing federal political committee. **C** C00210344

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 30 2006

**Transaction ID: C22933**

Amount of Each Receipt this Period  
100.00

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

**B.** Full Name (Last, First, Middle Initial)  
EIGHTH DISTRICT DEMOCRATIC COMMITTEE

Mailing Address 3757 MADISON LANE

City State Zip Code  
FALLS CHURCH VA 22041

FEC ID number of contributing federal political committee. **C** C00210344

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 30 2006

**Transaction ID: C22671**

Amount of Each Receipt this Period  
4900.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. 21ST CENTURY FREEDOM PAC FEDERAL</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 228 S WASHINGTON STREET #200		Transaction ID: C22776
City State Zip Code ALEXANDRIA VA 22314	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00337261		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Accenture PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006
Mailing Address 800 Connecticut Avenue, NW, #600		Transaction ID: C22722
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00300707		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

Full Name (Last, First, Middle Initial) <b>C. Accenture PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006
Mailing Address 800 Connecticut Avenue, NW, #600		Transaction ID: C22685
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00300707		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. American Foreign Service Assn PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 2101 E Street, NW		<b>Transaction ID: C22669</b>
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C</b> C00374363		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN PODIATRIC MEDICAL ASSN. INC. PODIATRY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 9312 Old Georgetown Road		<b>Transaction ID: C22670</b>
City Bethesda	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. <b>C</b> C00008839		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. Assn of Prof Flight Attendants PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2006
Mailing Address 1004 W. Eules Blvd.		<b>Transaction ID: C22768</b>
City Eules	State TX	Zip Code 76040
FEC ID number of contributing federal political committee. <b>C</b> C00246421		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. BECHTEL PAC COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 50 BEALE STREET		<b>Transaction ID: C22822</b>
City State Zip Code SAN FRANCISCO CA 94105	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00103697	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Computer Sciences Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2006
Mailing Address 2100 E. Grand Avenue		<b>Transaction ID: C22834</b>
City State Zip Code El Segundo CA 90245	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00101410	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

Full Name (Last, First, Middle Initial) <b>C. Computer Sciences Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 2100 E. Grand Avenue		<b>Transaction ID: C22816</b>
City State Zip Code El Segundo CA 90245	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00101410	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 601 Pennsylvania Avenue NW South Building Suite 600B		Transaction ID: C22725
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00007880		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dominion PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. Box 26666		Transaction ID: C22812
City Richmond State VA Zip Code 23261	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00108209		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>C. DRS Technologies, Inc. Good Govt Fund</b>		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 0 6
Mailing Address 5 Sylvan Way		Transaction ID: C22835
City Parsippany State NJ Zip Code 07054	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00275123		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) EMC PAC Mailing Address 176 South Street City Hopkinton State MA Zip Code 01748 FEC ID number of contributing federal political committee. <b>C</b> C00385948 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C22934 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		3	0		2	0	0	6														
1000.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) General Electric Company PAC Mailing Address 1299 Pennsylvania Ave., NW #1100 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> C00024869 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C22818 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	6														
1000.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT Mailing Address 2099 Pennsylvania Avenue N.W. City Washington State DC Zip Code 20006 FEC ID number of contributing federal political committee. <b>C</b> C00171330 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: C22859 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	6		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	6		2	0	0	6														
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 98
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Humane USA PAC</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address P.O. Box 19224		<b>Transaction ID: C22823</b>	
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C C00350439</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Int. Broth. of Electrical Workers COPE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2006	
Mailing Address 1125 - 15th Street, NW		<b>Transaction ID: C22935</b>	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C C00027342</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7000.00		

Full Name (Last, First, Middle Initial) <b>C. INTERNATIONAL COUNCIL OF CRUISE LINES POLITICAL ACTION COMM (ICCL-PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 2111 Wilson Boulevard 8th Floor		<b>Transaction ID: C22820</b>	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C C00303073</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 98
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
JONES, WALKER, WAECHTER, POITEVENT, CARRERE & DENEGRE PAC

Mailing Address 201 ST CHARLES AVENUE 49TH FLOOR

City State Zip Code  
NEW ORLEANS LA 70170

FEC ID number of contributing federal political committee. **C** C00111534

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

**Transaction ID:** C22836

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
ManTech International Corp PAC

Mailing Address 12015 Lee Jackson Highway

City State Zip Code  
Fairfax VA 22033-3300

FEC ID number of contributing federal political committee. **C** C00208983

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** C22778

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Merck & Company, Inc. PAC

Mailing Address 601 Pennsylvania Avenue, NW, #1200

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00097485

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** C22683

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
NAPUS PAC for Postmasters

Mailing Address 8 Herbert Street

City State Zip Code  
Alexandria VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2006

**Transaction ID:** C22682

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1755 Jefferson Davis Hwy #1107

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00280321

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 28 / 2006

**Transaction ID:** C22899

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 8404 Indian Hills Drive

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** C22817

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City State Zip Code  
Arlington VA 22209

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** C22782

Amount of Each Receipt this Period  
1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Real Estate Roundtable REALPAC

Mailing Address 1420 New York Avenue, NW #1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2006

**Transaction ID:** C22827

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 430 N. Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 28 / 2006

**Transaction ID:** C22837

Amount of Each Receipt this Period  
5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **9000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Saslaw for Senate</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address P.O. Box 1254		<b>Transaction ID: C22819</b>
City State Zip Code Springfield VA 22151	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. SI INTERNATIONAL INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 16 / 2006
Mailing Address 12012 SUNSET HILLS ROAD SUITE 800		<b>Transaction ID: C22858</b>
City State Zip Code RESTON VA 20190	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00402669	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. SI INTERNATIONAL INC POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006
Mailing Address 12012 SUNSET HILLS ROAD SUITE 800		<b>Transaction ID: C22781</b>
City State Zip Code RESTON VA 20190	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00402669	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 401 9TH ST #400  
KSOPHN0212-2A454

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00089342

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 0 6

**Transaction ID:** C22860

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
UNISYS CORPORATION EMPLOYEES PAC

Mailing Address 1200 South Hayes Street  
Suite 1100

City Arlington State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00345603

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 6

**Transaction ID:** C22900

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
United Parcel Service PAC

Mailing Address 55 Glenlake Parkway, NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 1 / 2 0 0 6

**Transaction ID:** C22777

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. VERIZON COMMUNICATION INC GOOD GOV'T CLUB</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 6 / 2 0 0 6
Mailing Address 1717 Arch Street 47S		<b>Transaction ID: C22861</b>
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. <b>C</b> C00186288		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON GROUP INTERNATIONAL INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 2345 Crystal Drive Suite 708		<b>Transaction ID: C22780</b>
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. <b>C</b> C00097550		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON GROUP INTERNATIONAL INC. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address 2345 Crystal Drive Suite 708		<b>Transaction ID: C22783</b>
City Arlington	State VA	Zip Code 22202
FEC ID number of contributing federal political committee. <b>C</b> C00097550		Amount of Each Receipt this Period 4000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 10000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>53750.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

**A.** Full Name (Last, First, Middle Initial)  
James P. Moran, Jr.

Mailing Address 175 Chain Bridge Rd

City State Zip Code  
Mc Lean VA 22101-1907

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8791.59

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 1 6 / 2 0 0 6

**Transaction ID: C22862**

Amount of Each Receipt this Period  
600.00

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

Reimbursement for car

**B.** Full Name (Last, First, Middle Initial)  
James P. Moran, Jr.

Mailing Address 175 Chain Bridge Rd

City State Zip Code  
Mc Lean VA 22101-1907

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

Name of Employer Occupation

Receipt For: 2006  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8791.59

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 1 4 / 2 0 0 6

**Transaction ID: C22687**

Amount of Each Receipt this Period  
300.00

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

Credit card reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	900.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 98
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A.</b> Virginia Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2006
Mailing Address 5350 Lee Hwy		<b>Transaction ID:</b> C23089
City State Zip Code Arlington VA 22207-1608	Amount of Each Receipt this Period 255.67	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest income
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3151.25	

Full Name (Last, First, Middle Initial) <b>B.</b> Virginia Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2006
Mailing Address 5350 Lee Hwy		<b>Transaction ID:</b> C23090
City State Zip Code Arlington VA 22207-1608	Amount of Each Receipt this Period 245.90	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest income
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3151.25	

Full Name (Last, First, Middle Initial) <b>C.</b> Virginia Commerce Bank		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2006
Mailing Address 5350 Lee Hwy		<b>Transaction ID:</b> C23091
City State Zip Code Arlington VA 22207-1608	Amount of Each Receipt this Period 220.54	
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) * Interest income
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3151.25	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	722.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	722.11

# 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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. AAAA Self-Storage</b>		<b>Transaction ID:</b> D6490 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6
Mailing Address 2305 S Walter Reed Dr		Amount of Each Disbursement this Period 1440.00
City Arlington State VA Zip Code 22206-1107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Storage unit rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alexandria Chamber of Commerce</b>		<b>Transaction ID:</b> D6492 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 801 N Fairfax St Ste 402		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22314-1774	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Event sponsor	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alexandria Democratic Committee</b>		<b>Transaction ID:</b> D6494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6
Mailing Address 618 N Washington St # 2		Amount of Each Disbursement this Period 125.00
City Alexandria State VA Zip Code 22314-1914	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Labels	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2565.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Alexandria Democratic Committee</b>		<b>Transaction ID: D6493</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6
Mailing Address 618 N Washington St # 2		Amount of Each Disbursement this Period 2400.00
City Alexandria State VA Zip Code 22314-1914	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alexandria Toyota</b>		<b>Transaction ID: D6495</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1707 Mount Vernon Ave		Amount of Each Disbursement this Period 90.44
City Alexandria State VA Zip Code 22301-1721	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car repair	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Alexandria Toyota</b>		<b>Transaction ID: D6496</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1707 Mount Vernon Ave		Amount of Each Disbursement this Period 268.42
City Alexandria State VA Zip Code 22301-1721	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car repair	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2758.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Alexandria Toyota</b>		<b>Transaction ID: D6497</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 1707 Mount Vernon Ave		Amount of Each Disbursement this Period 882.66
City Alexandria State VA Zip Code 22301-1721	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car repair	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Arlington County Democratic Committee</b>		<b>Transaction ID: D6500</b> Date of Disbursement 08 / 08 / 2006
Mailing Address 4620 Lee Hwy Ste 214		Amount of Each Disbursement this Period 50.00
City Arlington State VA Zip Code 22207-3400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer records access	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bachrach Photography</b>		<b>Transaction ID: D6503</b> Date of Disbursement 09 / 22 / 2006
Mailing Address 321 S. Washington Street		Amount of Each Disbursement this Period 2863.88
City Alexandria State VA Zip Code 22314	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Photographic services	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3796.54</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Virginia F. Bell</b>		<b>Transaction ID: D6573</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 5906 Westchester St		Amount of Each Disbursement this Period 323.50
City Alexandria State VA Zip Code 22310-1123	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Michael Brown</b>		<b>Transaction ID: D6566</b> Date of Disbursement 07 / 01 / 2006
Mailing Address 5529 15th St N		Amount of Each Disbursement this Period 8625.00
City Arlington State VA Zip Code 22205-2712	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Michael Brown</b>		<b>Transaction ID: D6568</b> Date of Disbursement 08 / 01 / 2006
Mailing Address 5529 15th St N		Amount of Each Disbursement this Period 8625.00
City Arlington State VA Zip Code 22205-2712	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	17573.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID: D6517</b> Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 98.11
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cingular Wireless</b>		<b>Transaction ID: D6516</b> Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 97.93
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cingular Wireless</b>		<b>Transaction ID: D6515</b> Date of Disbursement 08 / 04 / 2006
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 111.86
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	307.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Cingular Wireless</b>		<b>Transaction ID: D6514</b> Date of Disbursement 09 / 07 / 2006
Mailing Address PO Box 17356		Amount of Each Disbursement this Period 195.99
City Baltimore State MD Zip Code 21297-1356	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Telephone expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. City of Alexandria</b>		<b>Transaction ID: D6518</b> Date of Disbursement 07 / 17 / 2006
Mailing Address PO Box 178		Amount of Each Disbursement this Period 100.00
City Alexandria State VA Zip Code 22313-1500	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Sign permit Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID: D6519</b> Date of Disbursement 07 / 06 / 2006
Mailing Address PO Box 827554		Amount of Each Disbursement this Period 467.72
City Philadelphia State PA Zip Code 19182-7554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cable Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	763.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Transaction ID: D6520 Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 827554		Amount of Each Disbursement this Period 102.01
City Philadelphia State PA Zip Code 19182-7554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cable Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Transaction ID: D6521 Date of Disbursement 09 / 01 / 2006
Mailing Address PO Box 827554		Amount of Each Disbursement this Period 93.62
City Philadelphia State PA Zip Code 19182-7554	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Cable Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Conklyn's Florist</b>		Transaction ID: D6523 Date of Disbursement 07 / 17 / 2006
Mailing Address 2102 Jefferson Davis Hwy		Amount of Each Disbursement this Period 1114.89
City Alexandria State VA Zip Code 22301-1005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1310.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 59 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Conklyn's Florist</b>		<b>Transaction ID: D6525</b> Date of Disbursement 08 / 02 / 2006
Mailing Address 2102 Jefferson Davis Hwy		Amount of Each Disbursement this Period 258.15
City Alexandria State VA Zip Code 22301-1005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Conklyn's Florist</b>		<b>Transaction ID: D6524</b> Date of Disbursement 09 / 07 / 2006
Mailing Address 2102 Jefferson Davis Hwy		Amount of Each Disbursement this Period 247.20
City Alexandria State VA Zip Code 22301-1005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Flowers	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. D&amp;P Printing &amp; Graphics, Inc.</b>		<b>Transaction ID: D6528</b> Date of Disbursement 08 / 01 / 2006
Mailing Address 5641 J General Washington Drive		Amount of Each Disbursement this Period 794.85
City Alexandria State VA Zip Code 22312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1300.20
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. D&amp;P Printing &amp; Graphics, Inc.</b>		<b>Transaction ID: D6530</b> Date of Disbursement 08 / 18 / 2006
Mailing Address 5641 J General Washington Drive		Amount of Each Disbursement this Period 9409.82
City Alexandria State VA Zip Code 22312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. D&amp;P Printing &amp; Graphics, Inc.</b>		<b>Transaction ID: D6529</b> Date of Disbursement 09 / 18 / 2006
Mailing Address 5641 J General Washington Drive		Amount of Each Disbursement this Period 3500.00
City Alexandria State VA Zip Code 22312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Printing expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ha-Hoa Dang</b>		<b>Transaction ID: D6543</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 2741 Woodley Place		Amount of Each Disbursement this Period 619.40
City Falls Church State VA Zip Code 22046	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Website design	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13529.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<b>A. Christi Fanelli</b> Full Name (Last, First, Middle Initial) Mailing Address 1817 N Quinn St Apt 311 City Arlington State VA Zip Code 22209-1310 Purpose of Disbursement Office exp. (see below if itemized) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6513</b> Date of Disbursement 07 / 17 / 2006 Amount of Each Disbursement this Period 111.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Christi Fanelli</b> Full Name (Last, First, Middle Initial) Mailing Address 1817 N Quinn St Apt 311 City Arlington State VA Zip Code 22209-1310 Purpose of Disbursement Political consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6512</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Christi Fanelli</b> Full Name (Last, First, Middle Initial) Mailing Address 1817 N Quinn St Apt 311 City Arlington State VA Zip Code 22209-1310 Purpose of Disbursement Office exp. (see below if itemized) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6510</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 87.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3699.41</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<b>A. Christi Fanelli</b> Full Name (Last, First, Middle Initial) Mailing Address 1817 N Quinn St Apt 311 City Arlington State VA Zip Code 22209-1310 Purpose of Disbursement Political consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6511</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006 Amount of Each Disbursement this Period 1086.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Shirley A. Freeman</b> Full Name (Last, First, Middle Initial) Mailing Address 8406 Greeley Blvd City Springfield State VA Zip Code 22152-2906 Purpose of Disbursement Administrative consulting fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6587</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2006 Amount of Each Disbursement this Period 1710.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Shirley A. Freeman</b> Full Name (Last, First, Middle Initial) Mailing Address 8406 Greeley Blvd City Springfield State VA Zip Code 22152-2906 Purpose of Disbursement Office exp. (see below if itemized) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6585</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2006 Amount of Each Disbursement this Period 226.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3022.20**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Shirley A. Freeman</b>		<b>Transaction ID: D6586</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 8406 Greeley Blvd		Amount of Each Disbursement this Period 2115.00
City Springfield State VA Zip Code 22152-2906	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Administrative consulting fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. GEICO Insurance Co.</b>		<b>Transaction ID: D6538</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2006
Mailing Address 5260 Western Ave		Amount of Each Disbursement this Period 509.00
City Chevy Chase State MD Zip Code 20815-3701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. GEICO Insurance Co.</b>		<b>Transaction ID: D6539</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 5260 Western Ave		Amount of Each Disbursement this Period 509.00
City Chevy Chase State MD Zip Code 20815-3701	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3133.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. GEICO Insurance Co.</b>		<b>Transaction ID: D6540</b> Date of Disbursement 09 / 15 / 2006	
Mailing Address 5260 Western Ave		Amount of Each Disbursement this Period 509.00	
City Chevy Chase State MD Zip Code 20815-3701	Purpose of Disbursement Car insurance	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Charles Hall</b>		<b>Transaction ID: D6508</b> Date of Disbursement 09 / 01 / 2006	
Mailing Address 10780 Crest Street		Amount of Each Disbursement this Period 1600.00	
City Fairfax State VA Zip Code 22030	Purpose of Disbursement Political consulting fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Hilton Alexandria Mark Center</b>		<b>Transaction ID: D6550</b> Date of Disbursement 08 / 18 / 2006	
Mailing Address 5000 Seminary Rd		Amount of Each Disbursement this Period 3000.00	
City Alexandria State VA Zip Code 22311-1946	Purpose of Disbursement Fundraising event deposit	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5109.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 65 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Janet R. Inscore-Boswell</b>		<b>Transaction ID: D6555</b> Date of Disbursement 09 / 05 / 2006	
Mailing Address 2204 Fort Ward PI		Amount of Each Disbursement this Period 6116.00	
City Alexandria State VA Zip Code 22304-1015	Purpose of Disbursement Fundraising consulting fee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Janet R. Inscore-Boswell</b>		<b>Transaction ID: D6556</b> Date of Disbursement 09 / 26 / 2006	
Mailing Address 2204 Fort Ward PI		Amount of Each Disbursement this Period 500.00	
City Alexandria State VA Zip Code 22304-1015	Purpose of Disbursement Reimbursement for tips for wait staff	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John King</b>		<b>Transaction ID: D6558</b> Date of Disbursement 08 / 01 / 2006	
Mailing Address 4714 Argyle Avenue, #407		Amount of Each Disbursement this Period 4604.74	
City Garrett Park State MD Zip Code 20896	Purpose of Disbursement Computer tech services	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11220.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<b>A. John King</b> Full Name (Last, First, Middle Initial) Mailing Address 4714 Argyle Avenue, #407 City Garrett Park State MD Zip Code 20896 Purpose of Disbursement Computer tech services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6559</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 483.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Hannah B. Margetich</b> Full Name (Last, First, Middle Initial) Mailing Address 800 S Saint Asaph St Apt 301 City Alexandria State VA Zip Code 22314-4361 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6544</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2705.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Hannah B. Margetich</b> Full Name (Last, First, Middle Initial) Mailing Address 800 S Saint Asaph St Apt 301 City Alexandria State VA Zip Code 22314-4361 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6545</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2705.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5894.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Hannah B. Margetich</b>		<b>Transaction ID: D6546</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2006
Mailing Address 800 S Saint Asaph St Apt 301		Amount of Each Disbursement this Period 2705.25
City Alexandria State VA Zip Code 22314-4361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Beatriz J. Melgar</b>		<b>Transaction ID: D6504</b> Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006
Mailing Address 800 S Saint Asaph St Apt 303		Amount of Each Disbursement this Period 1628.00
City Alexandria State VA Zip Code 22314-4361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Fundraising mailing processing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MSHC Partners, Inc.</b>		<b>Transaction ID: D6569</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2006
Mailing Address 1155 15th Street NW Suite 300		Amount of Each Disbursement this Period 16125.00
City Washington State DC Zip Code 20005	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Direct mail production, printing Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	20458.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 68 / 98

<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)  
Moran for Congress

<p><b>A. Edward J. Newberry</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 8214 Hunting Hill Ln</p> <p>City Mc Lean State VA Zip Code 22102-1303</p> <p>Purpose of Disbursement Event expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID: D6534</b></p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1720.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. Marjorie Niehaus</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 823 Water Pl</p> <p>City Alexandria State VA Zip Code 22314-1771</p> <p>Purpose of Disbursement Political consulting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID: D6560</b></p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="255.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Office Movers</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 611 S Pickett St</p> <p>City Alexandria State VA Zip Code 22304-4619</p> <p>Purpose of Disbursement Office move</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p><b>Transaction ID: D6570</b></p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1714.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>3689.80</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 98

<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)  
Moran for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Harold Osorio		<b>Transaction ID:</b> D6548 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1805 Powder Mill Road		Amount of Each Disbursement this Period 200.00
City Silver Spring State MD Zip Code 20903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office handyman work Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Harold Osorio		<b>Transaction ID:</b> D6549 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 1805 Powder Mill Road		Amount of Each Disbursement this Period 160.00
City Silver Spring State MD Zip Code 20903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office handyman work Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Papa John's Pizza		<b>Transaction ID:</b> D6571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 2440 Wilson Blvd.		Amount of Each Disbursement this Period 346.00
City Arlington State VA Zip Code 22201	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food for volunteers Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	706.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Moran for Congress

<b>A. Petty Cash</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2518 City Alexandria State VA Zip Code 22301-0518 Purpose of Disbursement Petty cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6572</b> Date of Disbursement 08 / 08 / 2006 Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Quill Corporation</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Keystone Drive City Lebanon State PA Zip Code 17042 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6578</b> Date of Disbursement 07 / 28 / 2006 Amount of Each Disbursement this Period 232.57 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Quill Corporation</b> Full Name (Last, First, Middle Initial) Mailing Address 1 Keystone Drive City Lebanon State PA Zip Code 17042 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6579</b> Date of Disbursement 09 / 07 / 2006 Amount of Each Disbursement this Period 184.74 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	467.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Azucena Rodriguez</b>		<b>Transaction ID: D6502</b> Date of Disbursement 08 / 01 / 2006
Mailing Address 4620 Lee Hwy, #214		Amount of Each Disbursement this Period 2500.00
City Arlington State VA Zip Code 22207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political consulting fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Amanda Ruff</b>		<b>Transaction ID: D6498</b> Date of Disbursement 09 / 05 / 2006
Mailing Address 4620 Lee Hwy. #214		Amount of Each Disbursement this Period 2000.00
City Arlington State VA Zip Code 22207	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political consulting fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bryan Spoon</b>		<b>Transaction ID: D6507</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 2701 Connecticut Ave NW Apt 104		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20008-5301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Political consulting fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Town &amp; Country Properties, Inc.</b>		<b>Transaction ID: D6592</b> Date of Disbursement 08 / 01 / 2006
Mailing Address 7901 Richmond Hwy		Amount of Each Disbursement this Period 1250.00
City Alexandria State VA Zip Code 22306-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Town &amp; Country Properties, Inc.</b>		<b>Transaction ID: D6593</b> Date of Disbursement 09 / 01 / 2006
Mailing Address 7901 Richmond Hwy		Amount of Each Disbursement this Period 1250.00
City Alexandria State VA Zip Code 22306-3013	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office rent	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Toyota Motor Credit Co.</b>		<b>Transaction ID: D6595</b> Date of Disbursement 07 / 12 / 2006
Mailing Address PO Box 221164		Amount of Each Disbursement this Period 566.53
City Fairfax State VA Zip Code 20153-1164	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Car lease	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3066.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 73 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Toyota Motor Credit Co.</b>		<b>Transaction ID: D6596</b> Date of Disbursement 08 / 10 / 2006
Mailing Address PO Box 221164		Amount of Each Disbursement this Period 566.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfax State VA Zip Code 20153-1164		
Purpose of Disbursement Car lease Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Toyota Motor Credit Co.</b>		<b>Transaction ID: D6594</b> Date of Disbursement 09 / 11 / 2006	
Mailing Address PO Box 221164		Amount of Each Disbursement this Period 566.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Fairfax State VA Zip Code 20153-1164			
Purpose of Disbursement Car lease Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster</b>		<b>Transaction ID: D6598</b> Date of Disbursement 08 / 08 / 2006	
Mailing Address 1908 Mount Vernon Ave		Amount of Each Disbursement this Period 2340.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Alexandria State VA Zip Code 22301-1300			
Purpose of Disbursement Postage Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3473.06</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<b>A. U.S. Postmaster</b> Full Name (Last, First, Middle Initial) Mailing Address 1908 Mount Vernon Ave City Alexandria State VA Zip Code 22301-1300 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6599</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 Amount of Each Disbursement this Period 1566.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Virginia Commerce Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6601</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 6 Amount of Each Disbursement this Period 54.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Virginia Commerce Bank</b> Full Name (Last, First, Middle Initial) Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6603</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 6 Amount of Each Disbursement this Period 1407.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3028.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Virginia Commerce Bank</b>		<b>Transaction ID: D6600</b> Date of Disbursement 08 / 01 / 2006
Mailing Address 5350 Lee Hwy		Amount of Each Disbursement this Period 1407.75
City Arlington State VA Zip Code 22207-1608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Payroll taxes	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>B. Virginia Commerce Bank</b>		<b>Transaction ID: D6605</b> Date of Disbursement 08 / 04 / 2006
Mailing Address 5350 Lee Hwy		Amount of Each Disbursement this Period 54.95
City Arlington State VA Zip Code 22207-1608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) <b>C. Virginia Commerce Bank</b>		<b>Transaction ID: D6602</b> Date of Disbursement 09 / 05 / 2006
Mailing Address 5350 Lee Hwy		Amount of Each Disbursement this Period 58.67
City Arlington State VA Zip Code 22207-1608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Merchant fee	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1521.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 76 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Virginia Commerce Bank</b>		<b>Transaction ID: D6604</b> Date of Disbursement 09 / 07 / 2006
Mailing Address 5350 Lee Hwy		Amount of Each Disbursement this Period 4436.25
City Arlington	State VA Zip Code 22207-1608	
Purpose of Disbursement Payroll taxes		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Virginia Democratic Party</b>		<b>Transaction ID: D6532</b> Date of Disbursement 08 / 18 / 2006
Mailing Address 1108 E Main St FI 2		Amount of Each Disbursement this Period 3200.00
City Richmond	State VA Zip Code 23219-3530	
Purpose of Disbursement Volunteer management system set-up		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Virginia Department of Taxation</b>		<b>Transaction ID: D6608</b> Date of Disbursement 07 / 06 / 2006
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 193.00
City Richmond	State VA Zip Code 23261-7264	
Purpose of Disbursement Employment taxes		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7829.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Virginia Department of Taxation</b>		<b>Transaction ID: D6606</b> Date of Disbursement 08 / 01 / 2006
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 193.00
City Richmond State VA Zip Code 23261-7264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employment taxes	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Virginia Department of Taxation</b>		<b>Transaction ID: D6609</b> Date of Disbursement 09 / 01 / 2006
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 193.00
City Richmond State VA Zip Code 23261-7264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employment taxes	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Virginia Department of Taxation</b>		<b>Transaction ID: D6607</b> Date of Disbursement 09 / 07 / 2006
Mailing Address PO Box 27264		Amount of Each Disbursement this Period 330.00
City Richmond State VA Zip Code 23261-7264	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Employment taxes	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>716.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Washington Express</b>		<b>Transaction ID: D6616</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 12240 Indian Creek Ct Ste 100		Amount of Each Disbursement this Period 32.70
City Beltsville State MD Zip Code 20705-1242	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Courier	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Washington Express</b>		<b>Transaction ID: D6617</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 12240 Indian Creek Ct Ste 100		Amount of Each Disbursement this Period 17.70
City Beltsville State MD Zip Code 20705-1242	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Courier	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Winpisinger &amp; Associates, Inc.</b>		<b>Transaction ID: D6618</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 315 Inspiration Ln		Amount of Each Disbursement this Period 2000.00
City Gaithersburg State MD Zip Code 20878-5808	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEC Preparation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2050.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> D6499 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address PO Box 53609		Amount of Each Disbursement this Period 417.72
City Phoenix State AZ Zip Code 85072-3609	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card (see below)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Costco</b>		<b>Transaction ID:</b> D6666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1200 S Fern St		Amount of Each Disbursement this Period 417.72
City Arlington State VA Zip Code 22202-2862	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Computer equipment	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. Bryan Spoon</b>		<b>Transaction ID:</b> D6505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 2701 Connecticut Ave NW Apt 104		Amount of Each Disbursement this Period 879.00
City Washington State DC Zip Code 20008-5301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Expenses (see below)	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1296.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Fairfax County Public Schools</b>		<b>Transaction ID: D6535</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 8115 Gatehouse Road		Amount of Each Disbursement this Period 879.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Falls Church State VA Zip Code 22042	Purpose of Disbursement Event room rental Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Bryan Spoon</b>		<b>Transaction ID: D6506</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 2701 Connecticut Ave NW Apt 104		Amount of Each Disbursement this Period 3099.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20008-5301	Purpose of Disbursement Expenses (see below) Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		<b>Transaction ID: D6669</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6
Mailing Address 1201 South Hayes Street		Amount of Each Disbursement this Period 1155.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Office equipment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3099.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: D6671 Date of Disbursement 09 / 01 / 2006
Mailing Address 11001 Lee Hwy		Amount of Each Disbursement this Period 1341.19
City Fairfax State VA Zip Code 22030-5018	Purpose of Disbursement Office supplies/printing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Janet R. Inscore-Boswell</b>		Transaction ID: D6557 Date of Disbursement 09 / 07 / 2006
Mailing Address 2204 Fort Ward PI		Amount of Each Disbursement this Period 1288.14
City Alexandria State VA Zip Code 22304-1015	Purpose of Disbursement Expenses (see below) Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial) <b>C. Best Buy</b>		Transaction ID: D6621 Date of Disbursement 09 / 07 / 2006
Mailing Address 1201 South Hayes Street		Amount of Each Disbursement this Period 71.38
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Office equipment Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1288.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. FedEx Kinkos</b>		Transaction ID: D6624 Date of Disbursement 09 / 07 / 2006
Mailing Address 685 N Washington St		Amount of Each Disbursement this Period 17.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Alexandria State VA Zip Code 22314-1913		
Purpose of Disbursement Shipping Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hello Direct, Inc.</b>		Transaction ID: D6629 Date of Disbursement 09 / 07 / 2006
Mailing Address 75 Northeastern Blvd.		Amount of Each Disbursement this Period 816.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Nashua State NH Zip Code 03062		
Purpose of Disbursement Telephone equipment Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MBNA America</b>		Transaction ID: D6561 Date of Disbursement 09 / 01 / 2006
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 309.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5469		
Purpose of Disbursement Credit card (see below) Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	309.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Transaction ID: D6635 Date of Disbursement 09 / 01 / 2006
Mailing Address 11001 Lee Hwy		Amount of Each Disbursement this Period 68.24
City Fairfax State VA Zip Code 22030-5018	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Transaction ID: D6636 Date of Disbursement 09 / 01 / 2006
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 48.26
City Alexandria State VA Zip Code 22305-3044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		Transaction ID: D6638 Date of Disbursement 09 / 01 / 2006
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 145.89
City Alexandria State VA Zip Code 22305-3044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

Use separate schedule(s)  
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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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Vonage</b>		Transaction ID: D6637 Date of Disbursement 09 / 01 / 2006	
Mailing Address 23 Main Street		Amount of Each Disbursement this Period .96	
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Telephone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>B. MBNA America</b>		Transaction ID: D6562 Date of Disbursement 07 / 17 / 2006	
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 1051.72	
City Wilmington State DE Zip Code 19886-5469	Purpose of Disbursement Credit card (see below)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

Full Name (Last, First, Middle Initial) <b>C. Microsoft</b>		Transaction ID: D6633 Date of Disbursement 07 / 17 / 2006	
Mailing Address 16011 NE 36th Way		Amount of Each Disbursement this Period 269.99	
City Redmond State WA Zip Code 98052	Purpose of Disbursement Software	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1051.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Reliable Office Supplies</b>		<b>Transaction ID:</b> D6631 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 1502		Amount of Each Disbursement this Period 496.22
City Ottawa State IL Zip Code 61350	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Reliable Office Supplies</b>		<b>Transaction ID:</b> D6632 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address PO Box 1502		Amount of Each Disbursement this Period 16.58
City Ottawa State IL Zip Code 61350	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Office supplies Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Virginia Democratic Party</b>		<b>Transaction ID:</b> D6630 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 6
Mailing Address 1108 E Main St FI 2		Amount of Each Disbursement this Period 253.98
City Richmond State VA Zip Code 23219-3530	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Voter file Candidate Name	Category/Type	<b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Moran for Congress

<p><b>A. Vonage</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6634</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="14.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B. Michael Brown</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 5529 15th St N</p> <p>City Arlington State VA Zip Code 22205-2712</p> <p>Purpose of Disbursement Expenses (see below)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6567</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2003.61"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C. Virginia Democratic Party</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1108 E Main St FI 2</p> <p>City Richmond State VA Zip Code 23219-3530</p> <p>Purpose of Disbursement Voter file</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6620</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1789.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2003.61"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Platinum Plus for Business</b>		<b>Transaction ID:</b> D6574 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 586.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19886-5469	Purpose of Disbursement Credit card (see below if itemized)	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Barnes &amp; Noble</b>		<b>Transaction ID:</b> D6647 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3651 Jefferson Davis Hwy		Amount of Each Disbursement this Period 57.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Alexandria State VA Zip Code 22305-3135	Purpose of Disbursement Reference materials	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Members Dining Room</b>		<b>Transaction ID:</b> D6650 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address US CAPITOL		Amount of Each Disbursement this Period 57.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20515-0001	Purpose of Disbursement Meal	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	586.54
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<p><b>A. Members Dining Room</b></p> <p>Full Name (Last, First, Middle Initial) Moran for Congress</p> <p>Mailing Address US CAPITOL</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6645</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="50.10"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>B. Members Dining Room</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address US CAPITOL</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6646</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="142.42"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>C. Members Dining Room</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address US CAPITOL</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6649</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="12.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Platinum Plus for Business</b>		<b>Transaction ID:</b> D6575 Date of Disbursement 09 / 28 / 2006
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 2210.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington	State DE	
Zip Code 19886-5469		
Purpose of Disbursement Credit card (see below if itemized)		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hotel Monteleone</b>		<b>Transaction ID:</b> D6551 Date of Disbursement 09 / 28 / 2006
Mailing Address 214 Rue Royale		Amount of Each Disbursement this Period 769.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City New Orleans	State LA	
Zip Code 70130		
Purpose of Disbursement Travel/lodging		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hotel Monteleone</b>		<b>Transaction ID:</b> D6552 Date of Disbursement 09 / 28 / 2006
Mailing Address 214 Rue Royale		Amount of Each Disbursement this Period 125.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City New Orleans	State LA	
Zip Code 70130		
Purpose of Disbursement Travel/lodging		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2210.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 98

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Shell Oil</b>		<b>Transaction ID: D6583</b> Date of Disbursement 09 / 28 / 2006
Mailing Address Various		Amount of Each Disbursement this Period 44.01
City Arlington	State VA	
Zip Code 22201		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Gas		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell Oil</b>		<b>Transaction ID: D6584</b> Date of Disbursement 09 / 28 / 2006
Mailing Address Various		Amount of Each Disbursement this Period 48.02
City Arlington	State VA	
Zip Code 22201		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Gas		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Staples</b>		<b>Transaction ID: D6589</b> Date of Disbursement 09 / 28 / 2006
Mailing Address 3301 Jefferson Davis Hwy		Amount of Each Disbursement this Period 52.49
City Alexandria	State VA	
Zip Code 22305-3044		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Office supplies		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Platinum Plus for Business</b>		<b>Transaction ID:</b> D6576 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 18 / 2006
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 447.47
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card (see below if itemized)	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Barnes &amp; Noble</b>		<b>Transaction ID:</b> D6651 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 18 / 2006
Mailing Address 3651 Jefferson Davis Hwy		Amount of Each Disbursement this Period 98.07
City Alexandria State VA Zip Code 22305-3135	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reference materials	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Border's Books</b>		<b>Transaction ID:</b> D6652 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 18 / 2006
Mailing Address 5871 Crossroads Center Way		Amount of Each Disbursement this Period 34.59
City Falls Church State VA Zip Code 22041-2307	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reference materials	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	447.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. Platinum Plus for Business</b>		<b>Transaction ID:</b> D6577 Date of Disbursement 07 / 01 / 2006
Mailing Address PO Box 15469		Amount of Each Disbursement this Period 1495.95
City Wilmington State DE Zip Code 19886-5469	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Credit card (see below)	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Brown University Books</b>		<b>Transaction ID:</b> D6639 Date of Disbursement 07 / 01 / 2006
Mailing Address 244 Thayer Street, Box 1878		Amount of Each Disbursement this Period 206.38
City Providence State RI Zip Code 02912	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Reference materials	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charlie Palmer Steak House</b>		<b>Transaction ID:</b> D6641 Date of Disbursement 07 / 01 / 2006
Mailing Address 101 Constitution Ave NW		Amount of Each Disbursement this Period 145.40
City Washington State DC Zip Code 20001-2133	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Meal	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1495.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

<b>A. Jefferson Hotel</b> Full Name (Last, First, Middle Initial) Mailing Address 101 W Franklin St City Richmond State VA Zip Code 23220-5009 Purpose of Disbursement Travel/lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6644</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006 Amount of Each Disbursement this Period 680.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Members Dining Room</b> Full Name (Last, First, Middle Initial) Mailing Address US CAPITOL City Washington State DC Zip Code 20515-0001 Purpose of Disbursement Meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6643</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006 Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Ritz Carlton Tysons</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Tysons Blvd City Mc Lean State VA Zip Code 22102-4221 Purpose of Disbursement Meal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6640</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2006 Amount of Each Disbursement this Period 61.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
Moran for Congress

<p><b>A. Visa</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 8214</p>		<p><b>Transaction ID:</b> D6611 <b>Date of Disbursement</b> 09 / 01 / 2006</p>
<p>City Mason State OH Zip Code 45040</p>	<p><b>Amount of Each Disbursement this Period</b> 305.17</p>	
<p>Purpose of Disbursement Credit card (see below)</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. Vonage</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street</p>		<p><b>Transaction ID:</b> D6615 <b>Date of Disbursement</b> 09 / 01 / 2006</p>
<p>City Holmdel State NJ Zip Code 07733</p>	<p><b>Amount of Each Disbursement this Period</b> 151.06</p>	
<p>Purpose of Disbursement Telephone expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

[MEMO ITEM]

<p><b>C. Visa</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 8214</p>		<p><b>Transaction ID:</b> D6612 <b>Date of Disbursement</b> 09 / 01 / 2006</p>
<p>City Mason State OH Zip Code 45040</p>	<p><b>Amount of Each Disbursement this Period</b> 477.12</p>	
<p>Purpose of Disbursement Credit card (see below)</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>782.29</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 95 / 98

<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)  
Moran for Congress

<p><b>A. Best Buy</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1201 South Hayes Street</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement Office equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6665</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="41.98"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>B. U.S. Postmaster</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1908 Mount Vernon Ave</p> <p>City Alexandria State VA Zip Code 22301-1300</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6662</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="178.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>C. Vonage</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 23 Main Street</p> <p>City Holmdel State NJ Zip Code 07733</p> <p>Purpose of Disbursement Telephone expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: D6664</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="06"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="109.94"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p>Disbursement For: 2006</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 98

<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)  
Moran for Congress

<b>A. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 8214 City Mason State OH Zip Code 45040 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6613</b> Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 157.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Office Depot</b> Full Name (Last, First, Middle Initial) Mailing Address 11001 Lee Hwy City Fairfax State VA Zip Code 22030-5018 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6656</b> Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 24.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Ritz Carlton Tysons</b> Full Name (Last, First, Middle Initial) Mailing Address 1700 Tysons Blvd City Mc Lean State VA Zip Code 22102-4221 Purpose of Disbursement Fundraising event expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6655</b> Date of Disbursement 07 / 01 / 2006 Amount of Each Disbursement this Period 94.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	157.85
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Moran for Congress

<b>A. Visa</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 8214 City Mason State OH Zip Code 45040 Purpose of Disbursement Credit card (see below) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6614</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 336.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>B. Office Depot</b> Full Name (Last, First, Middle Initial) Mailing Address 11001 Lee Hwy City Fairfax State VA Zip Code 22030-5018 Purpose of Disbursement Office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6658</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 47.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>C. Vonage</b> Full Name (Last, First, Middle Initial) Mailing Address 23 Main Street City Holmdel State NJ Zip Code 07733 Purpose of Disbursement Telephone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D6659</b> Date of Disbursement 08 / 01 / 2006 Amount of Each Disbursement this Period 191.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	336.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	147557.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Moran for Congress

Full Name (Last, First, Middle Initial) <b>A. DCCC</b>		<b>Transaction ID: D6531</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period 50000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-4024		
Purpose of Disbursement Unlimited trans to natl party	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. IAHF/Walk '06</b>		<b>Transaction ID: D6553</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 421 King Street Suite 400		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Donation	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	51000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	51000.00