

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

08 OCT 21 AM 11:03

Office Use Only

1. NAME OF
COMMITTEE (in full)

USE FEC MAILING LABEL
OR TYPE OR PRINT

Example: If typing, type
over the lines

MARSHALL FOR SENATE INC

ADDRESS (number and street)

7930 WILLOW POND COURT



Check if different
than previously
reported. (ACC)

MANASSAS

VA

2011

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00443382

3. IS THIS
REPORT



NEW
(N)

OR

SECOND



AMENDED
(A)

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)

Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the
State of

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



General (30G)



Runoff (30R)

Special (30S)

Election on



in the
State of

5. Covering Period

05

12

2008

through

06

30

2008

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

Type or Print Name of Treasurer

Miss Mary Rose Lalli

Signature of Treasurer

Mary Rose Lalli

Date

10

15

2008

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

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

FE5AN018

28020634616

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MARSHALL FOR SENATE INC

Report Covering the Period:

From:

MM DD YYYY
05 12 2008

To:

MM DD YYYY
06 30 2008

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 12435.00 | 90900.80 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 12435.00 | 90900.80 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 31594.51 | 87083.77 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 31594.51 | 87083.77 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 3817.03 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 12527.27 | |

For further information contact:

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
MARSHALL FOR SENATE INC

Report Covering the Period:

From:

M M D D Y Y Y Y
0 5 1 2 2 0 0 8

To:

M M D D Y Y Y Y
0 6 3 0 2 0 0 8

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | 9950.00 | 64450.56 |
| (i) Itemized (use Schedule A)..... | 2485.00 | 25450.24 |
| (ii) Unitemized..... | 12435.00 | 89900.80 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 1000.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 12435.00 | 90900.80 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | 0.00 | 0.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 12435.00 | 90900.80 |

FE5AN018

28020634618

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 31594.51 | 87083.77 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷ | 31594.51 | 87083.77 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 22976.54 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 12435.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 35411.54 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 31594.51 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 3817.03 |

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Robert Allen

Mailing Address PO Box 1065

City

Manassas

State

VA

Zip Code

20108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robert G. Allen, P.C.

Occupation

Attorney

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.5379

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Anthony Bedell

Mailing Address 3052 Holmes Run Road

City

Falls Church

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intuit

Occupation

Corporate Affairs

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 22 / 2008

Transaction ID: SA11AI.5381

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)

Alex Deboissiere

Mailing Address 2703 Valestra Circle

City

Oakton

State

VA

Zip Code

22124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest ISO

Occupation

Real Estate Developer

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 24 / 2008

Transaction ID: SA11AI.5327

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)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| FOR LINE NUMBER: | | PAGE 6 / 49 | |
| (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)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Donald English

Mailing Address 1307 Gatewood Drive

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwayne Morris, LLP

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 24 / 2008

Transaction ID: SA11AI.5325

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)

Thomas Fabyanic

Mailing Address 95 Menlough Drive

City

Warrenton

State

VA

Zip Code

20186

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
Colonel, USAF

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2008

Transaction ID: SA11AI.5645

Amount of Each Receipt this Period

800.00

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

C.

Full Name (Last, First, Middle Initial)

Lawrence Flick

Mailing Address 2102 Scroggins Road

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Public Affairs Management

Occupation
Lobbyist

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 24 / 2008

Transaction ID: SA11AI.5333

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)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 49
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Joan Gorman

Mailing Address 19365 Cypress Ridge Terrace

City State Zip Code
Lansdowne VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

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

Election Cycle-to-Date ▼
600.00

Date of Receipt

MM / DD / YYYY
06 / 05 / 2008

Transaction ID: SA11Al.5641

Amount of Each Receipt this Period

600.00

Debt Reduction Contributi-
on

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

B.

Full Name (Last, First, Middle Initial)

Rose Ann Hausfeld

Mailing Address 13598 Ryton Ridge

City State Zip Code
Gainesville VA 20155

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

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

Election Cycle-to-Date ▼
300.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2008

Transaction ID: SA11Al.5643

Amount of Each Receipt this Period

100.00

Debt Reduction Contributi-
on

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

C.

Full Name (Last, First, Middle Initial)

Margaret Fagan Hotze

Mailing Address 5440 Alder

City State Zip Code
Houston TX 77081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Housewife

Occupation
Housewife

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

Election Cycle-to-Date ▼
2300.00

Date of Receipt

MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11Al.5636

Amount of Each Receipt this Period

2300.00

☐ 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)
for each category of the
Detailed Summary Page

| | | | |
|---|------------------------------|------------------------------|---|
| FOR LINE NUMBER: | | PAGE 8 / 49 | |
| (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)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Dolores Miller

Mailing Address 4416 Random Court

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.5635

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

Patrick Muldoon

Mailing Address 1071 Sinking Creek Road

City

Pembroke

State

VA

Zip Code

24136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
05 / 24 / 2008

Transaction ID: SA11AI.5329

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)

Stephen G Peroutka

Mailing Address 8028 Ritchie Highway
Suite 300

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peroutka & Peroutka P.A.

Occupation
Attorney

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2008

Transaction ID: SA11AI.5394

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 49

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Donald Selman

Mailing Address 1219 Chase Heritage Cir, #102

City

Sterling

State

VA

Zip Code

20164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southland Industries

Occupation

Business Manager

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2008

Transaction ID: SA11AI.5370

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)

Frances Sulak

Mailing Address 3175 Foxfire Drive

City

Milford

State

MI

Zip Code

48380

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

None

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 02 / 2008

Transaction ID: SA11AI.5341

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)

Carroll Weimer

Mailing Address 935 White Oak Road

City

Fredericksburg

State

VA

Zip Code

22405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weimer & Boyce Lawyers

Occupation

Attorney

Receipt For: 2008

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 20 / 2008

Transaction ID: SA11AI.5637

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)

1000.00

TOTAL This Period (last page this line number only)

9950.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 49

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
2CO.Com

Mailing Address 1785 O'Brien Road

City Columbus State OH Zip Code 43228

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5609

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

29.95

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
5th Marshall Street

Mailing Address 5th Marshall Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5610

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

8.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
7-Eleven

Mailing Address P.O. Box 711

City Dallas State TX Zip Code 75221

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5611

Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

75.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 49

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Arby's

Mailing Address 13220 MIDLOTHIAN TURNPIKE

City Midlothian State VA Zip Code 23113

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5534

Date of Disbursement

04 / 03 / 2008

Amount of Each Disbursement this Period

6.17

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

[MEMO ITEM]

B.

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

Mailing Address 13414 Dumfries Road

City Manassas State VA Zip Code 20112

Purpose of Disbursement
Merchant Fee

Candidate Name
MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District: 00

Transaction ID: SB17.5628

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

23.31

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

C.

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

Mailing Address 13414 Dumfries Road

City Manassas State VA Zip Code 20112

Purpose of Disbursement
Bank Service Charges

Candidate Name
MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District: 00

Transaction ID: SB17.5626

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

106.87

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

SUBTOTAL of Disbursements This Page (optional) ▶

130.18

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

28020634626

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
BEE L C

Mailing Address 6849 OLD DOMINION DRIVE
SUITE 315

City McLean State VA Zip Code 22101

Purpose of Disbursement
Professional Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5405
Date of Disbursement

06 / 19 / 2008

Amount of Each Disbursement this Period

3287.75

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

B.

Full Name (Last, First, Middle Initial)
Best Western

Mailing Address 6201 N. 24th Parkway

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5464
Date of Disbursement

04 / 12 / 2008

Amount of Each Disbursement this Period

98.09

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Bojangles

Mailing Address 4801 Greensboro Road

City Ridgeway State VA Zip Code 24148

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5553
Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

5.03

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3287.75

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Bojangles

Mailing Address 4801 Greensboro Road

City State Zip Code
Ridgeway VA 24148

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5552

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

4.82

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Bojangles

Mailing Address 4801 Greensboro Road

City State Zip Code
Ridgeway VA 24148

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5545

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

4.01

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Brothers Pizza

Mailing Address 25809 Cox Road

City State Zip Code
Petersburg VA 23830

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5503

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

9.87

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Burger King

Mailing Address 5505 Blue Lagoon Drive

City Miami State FL Zip Code 33126

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5490

Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

2.83

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Cheers Sports

Mailing Address Cheers Sports 20099 Ashbrook Place

City Ashburn State VA Zip Code 20147

Purpose of Disbursement
Campaign Materials

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5407

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

1165.50

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

C.

Full Name (Last, First, Middle Initial)

Chevron Petroleum Market

Mailing Address 9430 Iron Bridge Rd

City Chesterfield State VA Zip Code 23832

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5501

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1.53

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1165.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Chick-fil-A, Inc.

Transaction ID: SB17.5514
Date of Disbursement

Mailing Address 5200 Buffington Road

City Atlanta State GA Zip Code 30349

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Chick-fil-A, Inc.

Transaction ID: SB17.5560
Date of Disbursement

Mailing Address 5200 Buffington Road

City Atlanta State GA Zip Code 30349

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Chick-fil-A, Inc.

Transaction ID: SB17.5531
Date of Disbursement

Mailing Address 5200 Buffington Road

City Atlanta State GA Zip Code 30349

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|--|---|
| A. | Transaction ID: SB17.5518 |
| Full Name (Last, First, Middle Initial) Citgo | Date of Disbursement |
| Mailing Address 1293 Eldridge Parkway | 04 / 09 / 2008 |
| City Houston State TX Zip Code 77077 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 2.52 |
| Meals | <input type="checkbox"/> Refund or Disposal of Excess |
| Candidate Name | Contributions Required Under |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 11 C.F.R. 400.53 |
| Disbursement For: 2008 | [MEMO ITEM] |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | |
| B. | Transaction ID: SB17.5466 |
| Full Name (Last, First, Middle Initial) Comfort Inn | Date of Disbursement |
| Mailing Address 10750 Columbia Pike | 04 / 26 / 2008 |
| City Silver Spring State MD Zip Code 20901 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 114.12 |
| Lodging | <input type="checkbox"/> Refund or Disposal of Excess |
| Candidate Name | Contributions Required Under |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 11 C.F.R. 400.53 |
| Disbursement For: 2008 | [MEMO ITEM] |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | |
| C. | Transaction ID: SB17.5555 |
| Full Name (Last, First, Middle Initial) Davis Travel Center | Date of Disbursement |
| Mailing Address I-85, EXIT 39 | 04 / 25 / 2008 |
| City Warfield State VA Zip Code 23889 | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 2.05 |
| Meals | <input type="checkbox"/> Refund or Disposal of Excess |
| Candidate Name | Contributions Required Under |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | 11 C.F.R. 400.53 |
| Disbursement For: 2008 | [MEMO ITEM] |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | |

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Digital Office Solutions

Mailing Address 9161 Liberia Avenue Suite 203 Mana

City
Manassas

State
VA

Zip Code
20110

Purpose of Disbursement
Printing Supplies - ink, paper

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB17.5409

Date of Disbursement

05 / 24 / 2008

Amount of Each Disbursement this Period

367.50

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

B.

Full Name (Last, First, Middle Initial)

Digital Office Solutions

Mailing Address 9161 Liberia Avenue Suite 203 Mana

City
Manassas

State
VA

Zip Code
20110

Purpose of Disbursement
Printing Supplies - ink, paper

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB17.5410

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

50.40

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

C.

Full Name (Last, First, Middle Initial)

Discover

Mailing Address PO Box 15735

City
Wilmington

State
DE

Zip Code
19886

Purpose of Disbursement
Credit Card Payment

Candidate Name

MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: VA District: 00

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

Transaction ID: SB17.5594

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

620.76

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

SUBTOTAL of Disbursements This Page (optional)

1038.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Discover

Mailing Address PO Box 15735

City Wilmington State DE Zip Code 19886

Purpose of Disbursement
Merchant Fee

Candidate Name
MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District: 00

Transaction ID: SB17.5625

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

7.18

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

B.

Full Name (Last, First, Middle Initial)
Echo Graphics Inc

Mailing Address 2155 Stonington Ave.#101

City Hoffman Estates State IL Zip Code 60169

Purpose of Disbursement
Signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5414

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

1179.28

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

C.

Full Name (Last, First, Middle Initial)
Exxon Mobile

Mailing Address 5959 Las Colinas Blvd

City Irving State TX Zip Code 75039-2298

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5523

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

4.57

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1186.46

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Exxon Mobile | Transaction ID: SB17.5488 Date of Disbursement |
| Mailing Address 5959 Las Colinas Blvd | <div> <div>04</div> <div>03</div> <div>2008</div> </div> |
| City Irving State TX Zip Code 75039-2298 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Meals | <div>2.31</div> |
| Candidate Name <div> <div>Category/Type</div> </div> | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) Hampton Inn | Transaction ID: SB17.5568 Date of Disbursement |
| Mailing Address 151 Ottis Street | <div> <div>05</div> <div>17</div> <div>2008</div> </div> |
| City Newport News State VA Zip Code 23602 | Amount of Each Disbursement this Period |
| Purpose of Disbursement lodging | <div>115.43</div> |
| Candidate Name MARSHALL FOR SENATE INC | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 | [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) Holiday Inn | Transaction ID: SB17.5462 Date of Disbursement |
| Mailing Address 1400 EAST MARKET STREET | <div> <div>04</div> <div>06</div> <div>2008</div> </div> |
| City Harrisonburg State VA Zip Code 22801 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Lodging | <div>57.72</div> |
| Candidate Name | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | [MEMO ITEM] |
| SUBTOTAL of Disbursements This Page (optional) | <div>0.00</div> |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Home Depot

Mailing Address 8805 Liberia Avenue

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Marketing/Fundraisers
Candidate Name

Category/
Type

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

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

Transaction ID: SB17.5612
Date of Disbursement

05 / 29 / 2008

Amount of Each Disbursement this Period

64.66

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Home Depot

Mailing Address 8805 Liberia Avenue

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Marketing/Fundraisers
Candidate Name

Category/
Type

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

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

Transaction ID: SB17.5613
Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

104.62

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
INMOTION HOSTING

Mailing Address 522 S. Independence Blvd
Suite 101

City Virginia Beach State VA Zip Code 23452

Purpose of Disbursement
Website
Candidate Name

Category/
Type

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

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

Transaction ID: SB17.5422
Date of Disbursement

06 / 06 / 2008

Amount of Each Disbursement this Period

89.95

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

SUBTOTAL of Disbursements This Page (optional) ▶

89.95

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
K&W Cafeteria

Mailing Address 4242 Electric Road

City Roanoke State VA Zip Code 24014

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5550

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

7.55

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
KFC

Mailing Address P.O. Box 725489

City Atlanta State GA Zip Code 31139

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5527

Date of Disbursement

04 / 08 / 2008

Amount of Each Disbursement this Period

5.51

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Kenneth Klinge

Mailing Address 505 Monticello Blvd

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Reimbursed Expenses

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5426

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

778.18

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

SUBTOTAL of Disbursements This Page (optional) ▶

778.18

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Kenneth Klinge | Transaction ID: SB17.5457 Date of Disbursement |
| Mailing Address 505 Monticello Blvd | <div> <div>06</div> <div>09</div> <div>2008</div> </div> |
| City Alexandria State VA Zip Code 22305 Purpose of Disbursement Mileage Candidate Name | Amount of Each Disbursement this Period <div>328.86</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>Category/Type</div> |
| B. Full Name (Last, First, Middle Initial) Kenneth Klinge | Transaction ID: SB17.5458 Date of Disbursement |
| Mailing Address 505 Monticello Blvd | <div> <div>06</div> <div>09</div> <div>2008</div> </div> |
| City Alexandria State VA Zip Code 22305 Purpose of Disbursement Office Supplies Candidate Name | Amount of Each Disbursement this Period <div>51.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>Category/Type</div> |
| C. Full Name (Last, First, Middle Initial) Kroger | Transaction ID: SB17.5522 Date of Disbursement |
| Mailing Address 6801 English Ave | <div> <div>04</div> <div>04</div> <div>2008</div> </div> |
| City Indianapolis State IN Zip Code 46219 Purpose of Disbursement Meals Candidate Name | Amount of Each Disbursement this Period <div>25.34</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>Category/Type</div> |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Kroger Mailing Address 6801 English Ave | Transaction ID: SB17.5614 Date of Disbursement 05 / 30 / 2008 |
| City Indianapolis State IN Zip Code 46219 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period 46.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) Lowes Mailing Address P.O. Box 1111 City North Wilkesboro State NC Zip Code 28656 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.5482 Date of Disbursement 04 / 26 / 2008 Amount of Each Disbursement this Period 9.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) Herb Lux Mailing Address 6205 Plank Road City Fredericksburg, State VA Zip Code 22407 Purpose of Disbursement Worker Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.5415 Date of Disbursement 05 / 16 / 2008 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | | | |
|--|--|---|--|
| A. Full Name (Last, First, Middle Initial) Herb Lux | | Transaction ID: SB17.5416 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 8</div> </div> | |
| Mailing Address 6205 Plank Road | | | |
| City Fredericksburg, | State VA | Zip Code 22407 | |
| Purpose of Disbursement Worker | | <div> <div>Category/Type</div> <div></div> </div> | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |
| | | Amount of Each Disbursement this Period <div>1600.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 | |

| | | | |
|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) Mapco-Express | | Transaction ID: SB17.5557 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 6 / 2 0 0 8</div> </div> | |
| Mailing Address 7102 Commerce Way | | | |
| City Brentwood | State TN | Zip Code 37027 | |
| Purpose of Disbursement Meals | | <div> <div>Category/Type</div> <div></div> </div> | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |
| | | Amount of Each Disbursement this Period <div>9.25</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |

| | | | |
|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) Mapco-Express | | Transaction ID: SB17.5505 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 6 / 2 0 0 8</div> </div> | |
| Mailing Address 7102 Commerce Way | | | |
| City Brentwood | State TN | Zip Code 37027 | |
| Purpose of Disbursement Meals | | <div> <div>Category/Type</div> <div></div> </div> | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |
| | | Amount of Each Disbursement this Period <div>1.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |

SUBTOTAL of Disbursements This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Marriott

Mailing Address 500 East Broad Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
lodging/convention

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5572

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

3662.75

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Marriott

Mailing Address 500 East Broad Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5615

Date of Disbursement

06 / 01 / 2008

Amount of Each Disbursement this Period

33.25

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Marriott

Mailing Address 500 East Broad Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5428

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

397.84

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
McDonald's

Mailing Address **2111 McDonald's Dr**

City **Oak Brook** State **IL** Zip Code **60523**

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: **SB17.5499**
Date of Disbursement

04 / **03** / **2008**

Amount of Each Disbursement this Period

1.05

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
McDonald's

Mailing Address **2111 McDonald's Dr**

City **Oak Brook** State **IL** Zip Code **60523**

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: **SB17.5538**
Date of Disbursement

04 / **10** / **2008**

Amount of Each Disbursement this Period

2.18

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
McDonald's

Mailing Address **2111 McDonald's Dr**

City **Oak Brook** State **IL** Zip Code **60523**

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: **SB17.5494**
Date of Disbursement

04 / **14** / **2008**

Amount of Each Disbursement this Period

7.73

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
McDonald's

Transaction ID: SB17.5541
Date of Disbursement

Mailing Address 2111 McDonald's Dr

04 / 24 / 2008

City State Zip Code
Oak Brook IL 60523

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

4.89

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

B.

Full Name (Last, First, Middle Initial)
McDonald's

Transaction ID: SB17.5558
Date of Disbursement

Mailing Address 2111 McDonald's Dr

05 / 02 / 2008

City State Zip Code
Oak Brook IL 60523

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

5.77

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

C.

Full Name (Last, First, Middle Initial)
McDonald's

Transaction ID: SB17.5510
Date of Disbursement

Mailing Address 2111 McDonald's Dr

05 / 03 / 2008

City State Zip Code
Oak Brook IL 60523

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

3.26

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) McDonald's | Transaction ID: SB17.5551 Date of Disbursement |
| Mailing Address 2111 McDonald's Dr | <input type="text" value="05"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="10"/> <input type="text" value="D"/> / <input type="text" value="2008"/> |
| City Oak Brook State IL Zip Code 60523 | Amount of Each Disbursement this Period <input type="text" value="3.48"/> |
| Purpose of Disbursement Meals | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |
| B. Full Name (Last, First, Middle Initial) Mr. Fuel | Transaction ID: SB17.5616 Date of Disbursement |
| Mailing Address 23818 Rogers Clark Blvd | <input type="text" value="05"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="31"/> <input type="text" value="D"/> / <input type="text" value="2008"/> |
| City Ruther Glen State VA Zip Code 22546 | Amount of Each Disbursement this Period <input type="text" value="50.00"/> |
| Purpose of Disbursement Travel | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name <div style="float: right; border: 1px solid black; padding: 2px;">Category/ Type</div> | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |
| C. Full Name (Last, First, Middle Initial) Office Depot | Transaction ID: SB17.5468 Date of Disbursement |
| Mailing Address 2200 Old Germantown Road | <input type="text" value="03"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="08"/> <input type="text" value="D"/> / <input type="text" value="2008"/> |
| City Delray Beach State FL Zip Code 33445 | Amount of Each Disbursement this Period <input type="text" value="3.15"/> |
| Purpose of Disbursement Office Supplies | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Candidate Name MARSHALL FOR SENATE INC | [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 00 | |
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="0.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

28020634643

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

Use separate schedule(s)
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(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | | | |
|---|--|--|---|
| A. Full Name (Last, First, Middle Initial) Office Depot | | Transaction ID: SB17.5478 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>04 / 15 / 2008</div> | |
| Mailing Address 2200 Old Germantown Road | | Amount of Each Disbursement this Period <div>4.58</div> | |
| City Delray Beach State FL Zip Code 33445 | Purpose of Disbursement Office Supplies Candidate Name MARSHALL FOR SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | | |
|---|--|--|---|
| B. Full Name (Last, First, Middle Initial) Office Depot | | Transaction ID: SB17.5479 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>04 / 16 / 2008</div> | |
| Mailing Address 2200 Old Germantown Road | | Amount of Each Disbursement this Period <div>41.99</div> | |
| City Delray Beach State FL Zip Code 33445 | Purpose of Disbursement Office Supplies Candidate Name MARSHALL FOR SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

| | | | |
|---|--|--|---|
| C. Full Name (Last, First, Middle Initial) Office Depot | | Transaction ID: SB17.5480 Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div>04 / 22 / 2008</div> | |
| Mailing Address 2200 Old Germantown Road | | Amount of Each Disbursement this Period <div>148.02</div> | |
| City Delray Beach State FL Zip Code 33445 | Purpose of Disbursement Office Supplies Candidate Name MARSHALL FOR SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2200 Old Germantown Road City Delray Beach State FL Zip Code 33445 Purpose of Disbursement Office Supplies Candidate Name MARSHALL FOR SENATE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.5566 Date of Disbursement 05 / 30 / 2008 |
| Amount of Each Disbursement this Period 400.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] | |
| B. Full Name (Last, First, Middle Initial) Officemax Mailing Address 6301 West Broad Street City Richmond State VA Zip Code 23230 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.5470 Date of Disbursement 03 / 21 / 2008 Amount of Each Disbursement this Period 14.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) Officemax Mailing Address 6301 West Broad Street City Richmond State VA Zip Code 23230 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.5617 Date of Disbursement 05 / 29 / 2008 Amount of Each Disbursement this Period 112.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
OpenBand of Virginia, LLC

Mailing Address 22461 Shaw Road

City State Zip Code
Dulles VA 20166

Purpose of Disbursement
Convention Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5576

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

1071.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Papa John's

Mailing Address 2002 Papa John's

City State Zip Code
Louisville KY 40299

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5520

Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

13.70

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Penny Lane Pub

Mailing Address 421 E. Franklin

City State Zip Code
Richmond VA 23219

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5543

Date of Disbursement

03 / 26 / 2008

Amount of Each Disbursement this Period

33.87

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) Pilot | Transaction ID: SB17.5477 Date of Disbursement |
| Mailing Address 5508 Lonas Drive | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 9 / 2 0 0 8</div> </div> |
| City Knoxville State TN Zip Code 37909 | Amount of Each Disbursement this Period 16.79 |
| Purpose of Disbursement Office Supplies Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) PR Promotions | Transaction ID: SB17.5438 Date of Disbursement |
| Mailing Address PO Box 34407 Bethesda, MD 20827 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 2 / 2 0 0 8</div> </div> |
| City Bethesda State MD Zip Code 20827 | Amount of Each Disbursement this Period 3390.87 |
| Purpose of Disbursement Campaign Materials Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |
| C. Full Name (Last, First, Middle Initial) PR Promotions | Transaction ID: SB17.5441 Date of Disbursement |
| Mailing Address PO Box 34407 Bethesda, MD 20827 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 0 / 2 0 0 8</div> </div> |
| City Bethesda State MD Zip Code 20827 | Amount of Each Disbursement this Period 603.72 |
| Purpose of Disbursement Campaign Materials Candidate Name Category/Type | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | |
| SUBTOTAL of Disbursements This Page (optional) | 3994.59 |
| TOTAL This Period (last page this line number only) | |

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
PR Promotions

Mailing Address PO Box 34407 Bethesda, MD 20827

City State Zip Code
Bethesda MD 20827

Purpose of Disbursement

Campaign Materials

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5443

Date of Disbursement

06 / 25 / 2008

Amount of Each Disbursement this Period

1672.06

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

B.

Full Name (Last, First, Middle Initial)
Red Birch Country Market

Mailing Address 5740 Virginia Ave

City State Zip Code
Bassett VA 24055

Purpose of Disbursement

Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5492

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

4.03

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Red Birch Country Market

Mailing Address 5740 Virginia Ave

City State Zip Code
Bassett VA 24055

Purpose of Disbursement

Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5546

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

6.76

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1672.06

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

28020634648

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Roma Restaurant | Transaction ID: SB17.5525 Date of Disbursement |
| Mailing Address Rt. 33 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 2 / 2 0 0 8</div> </div> |
| City Louisa State VA Zip Code 23093 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Meals | <div> <div>8.91</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div> |
| Candidate Name | <div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| State: District: | <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Roses Pizza | Transaction ID: SB17.5496 Date of Disbursement |
| Mailing Address 109 Bank St | <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 1 / 2 0 0 8</div> </div> |
| City Boydton State VA Zip Code 23917 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Meals | <div> <div>5.53</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div> |
| Candidate Name | <div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| State: District: | <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Sheetz | Transaction ID: SB17.5529 Date of Disbursement |
| Mailing Address 5700 Sixth Avenue | <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 5 / 2 0 0 8</div> </div> |
| City Altoona State PA Zip Code 16602 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Meals | <div> <div>5.24</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div> |
| Candidate Name | <div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| State: District: | <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Sheetz</p> <p>Mailing Address 5700 Sixth Avenue</p> <p>City Altoona State PA Zip Code 16602</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.5559</p> <p>Date of Disbursement MM / DD / YYYY 03 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 1.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.5530</p> <p>Date of Disbursement MM / DD / YYYY 03 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 9.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.5508</p> <p>Date of Disbursement MM / DD / YYYY 04 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 7.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p> |
| <p>SUBTOTAL of Disbursements This Page (optional) ▶ 0.00</p> | |
| <p>TOTAL This Period (last page this line number only) ▶</p> | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: SB17.5474
Date of Disbursement

Mailing Address 500 Staples Drive

03 / 24 / 2008

City Framingham State MA Zip Code 01702

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Supplies

14.95

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: SB17.5486
Date of Disbursement

Mailing Address 500 Staples Drive

06 / 01 / 2008

City Framingham State MA Zip Code 01702

Amount of Each Disbursement this Period

Purpose of Disbursement
Office Supplies

58.54

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Jason Suarez

Transaction ID: SB17.5423
Date of Disbursement

Mailing Address 4490 Andy Court Woodbridge, VA 221

05 / 20 / 2008

City Woodbridge State VA Zip Code 22193

Amount of Each Disbursement this Period

Purpose of Disbursement
Mileage

30.30

Candidate Name

Category/
Type

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

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

30.30

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Jason Suarez

Mailing Address 4490 Andy Court Woodbridge, VA 221

City Woodbridge State VA Zip Code 22193

Purpose of Disbursement
Worker

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5424

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)
Sunoco

Mailing Address 1735 Market Street Ste LL

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5618

Date of Disbursement

05 / 31 / 2008

Amount of Each Disbursement this Period

60.26

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Super 8 Motel

Mailing Address 1 Sylvan Way

City Parsippany State NJ Zip Code 07054

Purpose of Disbursement
lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5570

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

64.36

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

150.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Taco Bell

Mailing Address 8891 Centreville Road

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5498

Date of Disbursement

03 / 29 / 2008

Amount of Each Disbursement this Period

6.91

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Taco Bell

Mailing Address 8891 Centreville Road

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5532

Date of Disbursement

03 / 31 / 2008

Amount of Each Disbursement this Period

1.97

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Taco Bell

Mailing Address 8891 Centreville Road

City Manassas State VA Zip Code 20110

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5506

Date of Disbursement

04 / 06 / 2008

Amount of Each Disbursement this Period

2.37

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Taco Bell

Transaction ID: SB17.5535

Date of Disbursement

04 / 22 / 2008

Mailing Address 8891 Centreville Road

City Manassas State VA Zip Code 20110

Amount of Each Disbursement this Period

4.69

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Taco Bell

Transaction ID: SB17.5509

Date of Disbursement

04 / 28 / 2008

Mailing Address 8891 Centreville Road

City Manassas State VA Zip Code 20110

Amount of Each Disbursement this Period

3.36

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Tad's

Transaction ID: SB17.5516

Date of Disbursement

04 / 03 / 2008

Mailing Address 909 Village Highway

City Rustburg State VA Zip Code 24588

Amount of Each Disbursement this Period

31.41

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

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

[MEMO ITEM]

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Texaco

Mailing Address PO Box 4000

City State Zip Code
Bellaire TX 77402

Purpose of Disbursement

Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5537

Date of Disbursement

04 / 04 / 2008

Amount of Each Disbursement this Period

2.04

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
The Printing Express

Mailing Address 1832 South Main Street

City State Zip Code
Harrisonburg VA 22801

Purpose of Disbursement

Printing Supplies - ink, paper

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5450

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

2020.18

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

C.

Full Name (Last, First, Middle Initial)
TML Copiers & Digital Solutions

Mailing Address 9700 Capital Court Suite 201 Manas

City State Zip Code
Manassas VA 20110-2039

Purpose of Disbursement

Printing Supplies - ink, paper

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5451

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

604.80

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

SUBTOTAL of Disbursements This Page (optional)

2624.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Valero

Mailing Address PO BOX 696000

City San Antonio State TX Zip Code 78269

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5548

Date of Disbursement

05 / 07 / 2008

Amount of Each Disbursement this Period

3.97

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

[MEMO ITEM]

B.

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

Mailing Address PO BOX 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement

Candidate Name
MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District: 00

Transaction ID: SB17.5562

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

647.20

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

[MEMO ITEM]

C.

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

Mailing Address PO BOX 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement

Cell Phone

Candidate Name
MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District: 00

Transaction ID: SB17.5577

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

66.86

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

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

Mailing Address PO BOX 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement
Cell Phone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5573

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

132.88

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

[MEMO ITEM]

B.

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

Mailing Address PO BOX 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5454

Date of Disbursement

06 / 20 / 2008

Amount of Each Disbursement this Period

350.23

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

C.

Full Name (Last, First, Middle Initial)
Vista Print

Mailing Address 95 Hayden Avenue

City Lexington State MA Zip Code 02421

Purpose of Disbursement
Business Cards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5472

Date of Disbursement

03 / 21 / 2008

Amount of Each Disbursement this Period

14.95

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

350.23

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 43 / 49

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Vista Print

Mailing Address 95 Hayden Avenue

City Lexington State MA Zip Code 02421

Purpose of Disbursement

Business Cards

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5475

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2008

Amount of Each Disbursement this Period

41.86

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Waffle House

Mailing Address 5986 Financial Drive

City Norcross State GA Zip Code 30071

Purpose of Disbursement

Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5619

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2008

Amount of Each Disbursement this Period

36.12

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Walmart

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

Purpose of Disbursement

Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5484

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2008

Amount of Each Disbursement this Period

6.75

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 / 49

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Mileage

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5459

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

966.82

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Parking

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5460

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

5.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Reimbursement for exp on personal CC

Candidate Name
MARSHALL FOR SENATE INC

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: VA District: 00

Transaction ID: SB17.5623

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

2577.38

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

SUBTOTAL of Disbursements This Page (optional)

2577.38

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 45 / 49

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Manager

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5445

Date of Disbursement

05 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

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

B.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5446

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

549.45

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

C.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5564

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

4451.32

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

SUBTOTAL of Disbursements This Page (optional) ▶

7500.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5574
Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

75.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5565
Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

1137.86

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

C.

Full Name (Last, First, Middle Initial)
Wawa

Mailing Address 2390 Plank Road

City Fredericksburg State VA Zip Code 22401

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB17.5512
Date of Disbursement

05 / 03 / 2008

Amount of Each Disbursement this Period

1.32

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

1137.86

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

28020634661

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)
Wendy's

Transaction ID: SB17.5540

Date of Disbursement

Mailing Address One Dave Thomas Blvd.

M M / D D / Y Y Y Y
04 / 11 / 2008

City State Zip Code
Dublin OH 43017

Amount of Each Disbursement this Period

Purpose of Disbursement
Meals

11.92

Candidate Name

Category/
Type

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

Office Sought: ☐ House
☐ Senate
☐ President

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

[MEMO ITEM]

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

31314.85

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 48 / 49

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Discover

Nature of Debt (Purpose):
Credit Card

Mailing Address PO Box 15735

City State ZIP Code
Wilmington DE 19886

Outstanding Balance Beginning This Period

Transaction ID: SD10.5593

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

620.76

620.76

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ROBERT G MARSHALL

Nature of Debt (Purpose):
Expenses on Personal CC
to be Reimbursed

Mailing Address 7930 WILLOW POND COURT

City State ZIP Code
MANASSAS VA 20111

Outstanding Balance Beginning This Period

Transaction ID: SD10.4597

4973.05

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

4973.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ROBERT G MARSHALL

Nature of Debt (Purpose):
Expenses to be reimbursed
on Pers CC

Mailing Address 7930 WILLOW POND COURT

City State ZIP Code
MANASSAS VA 20111

Outstanding Balance Beginning This Period

Transaction ID: SD10.5630

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

7554.22

0.00

7554.22

1) SUBTOTALS This Period This Page (optional).....

12527.27

2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 49 / 49

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
MARSHALL FOR SENATE INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stephen Waters

Nature of Debt (Purpose):
Expenses on Personal CC
to be Reimbursed

Mailing Address 1505 Leewal Court

City State ZIP Code
Richmond VA 23238

Outstanding Balance Beginning This Period

Transaction ID: SD10.4808

2577.38

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

2577.38

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

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

12527.27

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

12527.27



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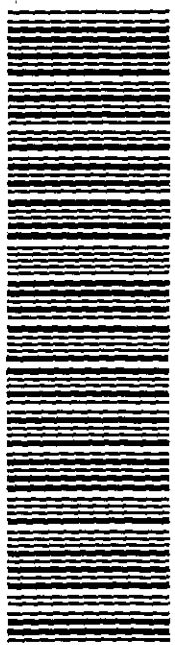
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MANASSAS VA 20112-4606

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ALEXANDRIA VA 22305-0109

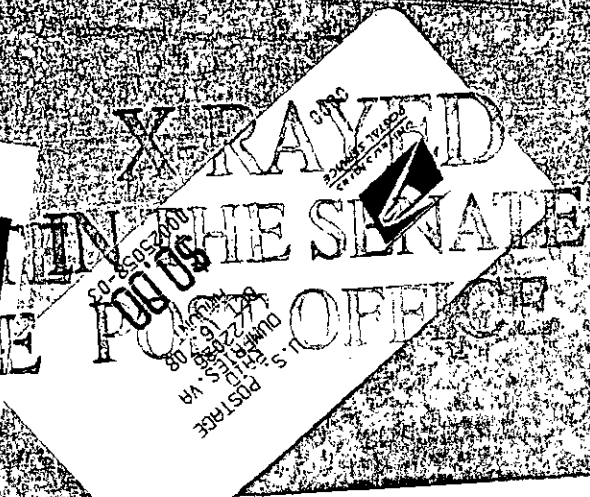
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| Day of Delivery: <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second | -E 12 Noon <input type="checkbox"/> 3 PM |
| Return Receipt <input checked="" type="checkbox"/> | Additional Insurance Fee \$0.00 |



NANCY ERICKSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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USPS EXPRESS MAIL _____
Postmark

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SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____ ☐

UPS 10-15-08 ☒

DHL _____ ☐

AIRBORNE EXPRESS _____ ☐

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Date of Receipt

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FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-21-08

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28020634667

