

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Moran for Congress

ADDRESS (number and street) 311 North Washington Street

Check if different than previously reported. (ACC) Suite 200L

Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00241349

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

3. IS THIS REPORT NEW (N) OR AMENDED (A)

VA 08

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on [] [] [] in the State of []

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

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

Election on [] [] [] in the State of []

5. Covering Period 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer H. Robert Morrison

Signature of Treasurer Electronically Filed by H. Robert Morrison Date 10 23 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.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Moran for Congress

Report Covering the Period:

From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	153370.00	1161195.30
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	153370.00	1159795.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	197819.19	814112.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	41.78	18786.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	197777.41	795326.31
8. Cash on Hand at Close of Reporting Period (from Line 27).....	599402.43	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Moran for Congress

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

67900.00

805110.00

(ii) Unitemized.....

4670.00

9095.03

(iii) TOTAL of contributions

72570.00

712630.03

from individuals..... ▶

50.00

50.00

(b) Political Party Committees.....

80750.00

448515.27

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

153370.00

1161195.30

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

41.78

18786.09

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

875.95

6006.18

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

154287.73

1185987.57

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	197819.19	814112.40
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	1400.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1400.00
21. OTHER DISBURSEMENTS.....	98375.00	247105.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	296194.19	1062617.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	741308.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	154287.73
25. SUBTOTAL (add Line 23 and Line 24).....	895596.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	296194.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	599402.43

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Nihad Hilmi Aburish

Mailing Address 4620 Arlington Blvd

City State Zip Code
Arlington VA 22204-1341

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C24313

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Micky Arison

Mailing Address 9999 Collins Ave.
Apt. 15-GJ

City State Zip Code
Bal Harbour FL 33154-1839

FEC ID number of contributing federal political committee. C

Name of Employer Carnival Corp. Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y
08 / 19 / 2008

Transaction ID: C24242

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)
Ashraf N. Bhagat

Mailing Address 6374 Lakeview Dr

City State Zip Code
Falls Church VA 22041-1334

FEC ID number of contributing federal political committee. C

Name of Employer n/a Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C24284

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Leonard Bickwit, Jr.
Mailing Address 2821 Dumbarton St NW
City Washington State DC Zip Code 20007-3336
FEC ID number of contributing federal political committee. **C**
Name of Employer Miller & Chevalier Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 19 / 2008
Transaction ID: C24244
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
William E. Blake
Mailing Address 359 Boston Post Rd
City Rye State NY Zip Code 10580-1105
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Harbor Pilot
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 08 / 19 / 2008
Transaction ID: C24248
Amount of Each Receipt this Period 1100.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William L. Bransford
Mailing Address 3317 R St NW
City Washington State DC Zip Code 20007-2310
FEC ID number of contributing federal political committee. **C**
Name of Employer Senior Executives Association Occupation General Counsel
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 07 / 23 / 2008
Transaction ID: C24154
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3100.00**
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 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Martha Casey

Mailing Address 1310 19th St., NW

City Washington State DC Zip Code 20036

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

Name of Employer O'Neill, Athy & Casey Occupation Lawyer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2008.00

Date of Receipt 07 / 31 / 2008

Transaction ID: C24231

Amount of Each Receipt this Period 2000.00

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

B.

Full Name (Last, First, Middle Initial)
Carlos A. Castro

Mailing Address 12924 Pintail Rd.

City Woodbridge State VA Zip Code 22192-3831

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

Name of Employer TODOS, INC Occupation CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2008

Transaction ID: C24165

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)
Richard P. Cauchon

Mailing Address 241 Salt Springs Rd.

City Fayetteville State NY Zip Code 13066

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

Name of Employer Sensis Corp Occupation Dir. Development

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2008

Transaction ID: C24291

Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) Jan Churchill		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 502 Cathedral Dr		Transaction ID: C24219
City Alexandria	State VA	Zip Code 22314-4706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Trowbridge Pittman	Occupation Attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) George T. Cody		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 8575 Medinah Lane		Transaction ID: C24266
City Alexandria	State VA	Zip Code 22312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer American Taskforce for Lebanon	Occupation Asst. Treasurer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 900.00	

C.

Full Name (Last, First, Middle Initial) Jennifer A. Collins		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 410 Woodland Ter		Transaction ID: C24227
City Alexandria	State VA	Zip Code 22302-3315
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer n/a	Occupation Homemaker	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Jennifer A. Collins</p> <p>Mailing Address 410 Woodland Ter</p> <p>City State Zip Code Alexandria VA 22302-3315</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer n/a Occupation Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8</p> <p>Transaction ID: C24247</p> <p>Amount of Each Receipt this Period 300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark D. Drake</p> <p>Mailing Address 6020 Woodlake Lane</p> <p>City State Zip Code Alexandria VA 22315</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cubellis Occupation Architect</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8</p> <p>Transaction ID: C24168</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Albert J. Edmonds</p> <p>Mailing Address 6508 Burke Woods Dr.</p> <p>City State Zip Code Burke VA 22015</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Logistics Applications In-c. Occupation Chairman & CEO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 8</p> <p>Transaction ID: C24245</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) William D. Euille		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 106 E Nelson Ave		Transaction ID: C24150
City Alexandria	State VA	Zip Code 22301-2036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer City of Alexandria	Occupation Mayor	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Michael D. Fascitelli		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 888 7th Ave		Transaction ID: C24276
City New York	State NY	Zip Code 10019-4308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Vornado Realty Trust	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

C.

Full Name (Last, First, Middle Initial) Michelle Felman		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 11 Patrick Road		Transaction ID: C24275
City Westport	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Vornado Realty Trust	Occupation Exec Vice Pres-Acquisitions	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 123
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Margaret W. Fisher	Date of Receipt MM / DD / YYYY 08 / 19 / 2008
	Mailing Address 3440 S Jefferson St Apt 933	Transaction ID: C24250
	City Falls Church State VA Zip Code 22041-3128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-Employed Occupation Artist Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Michael T. Flood	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 159 Duddington Pl. SE	Transaction ID: C24286
	City Washington State DC Zip Code 20003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer O'Neill and Associates Occupation Vice President Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Edward Gabriel	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4801 Foxhall Cres NW	Transaction ID: C24310
	City Washington State DC Zip Code 20007-1052	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer The Gabriel Company Occupation President & CEO Receipt For: 2008 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Peter Goelz

Mailing Address 6060 Woodmont Rd.

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
O'Neill and Associates Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2008

Transaction ID: C24289

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Ronald J. Gordon

Mailing Address 5101 Little Falls Rd

City State Zip Code
Arlington VA 22207-1811

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

Name of Employer Occupation
ZGS Communications President/CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C24164

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)
Andrea D. Gray

Mailing Address 2084 Hunters Crest Way

City State Zip Code
Vienna VA 22181-2840

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

Name of Employer Occupation
n/a homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C24217

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 123
(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

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

NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
William H. Gray, III

Mailing Address 5256 Fisher Island Dr.

City Miami Beach State FL Zip Code 33109-0274

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

Name of Employer The Amani Group Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 07 / 31 / 2008

Transaction ID: C24218

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Kathleen A. Griggs

Mailing Address 9711 Brookstone Ln

City Vienna State VA Zip Code 22182-1998

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

Name of Employer Puritan Research Corp. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 08 / 2008

Transaction ID: C24269

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)
Olga Grkavac

Mailing Address 1276 N Wayne St Apt 1220

City Arlington State VA Zip Code 22201-5857

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

Name of Employer Information Tech. Assn. of America Occupation Executive Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 18 / 2008

Transaction ID: C24295

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 123
(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

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

NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
James E. Hall

Mailing Address 12 Highdown Ct.

City State Zip Code
Signal Mountain TN 37377

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

Name of Employer Occupation
Hall & Associates Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: C24290

Amount of Each Receipt this Period
500.00

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

B.

Full Name (Last, First, Middle Initial)
Stacye H. Hefner

Mailing Address PO Box 1042

City State Zip Code
Marshall VA 20116-1042

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 20 / 2008

Transaction ID: C24305

Amount of Each Receipt this Period
2300.00

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

C.

Full Name (Last, First, Middle Initial)
Robert K. Huffman

Mailing Address 1113 Waverly Way

City State Zip Code
McLean VA 22101-2239

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

Name of Employer Occupation
Akin Gump Strauss Hauer & Feld Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: C24149

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) ► **3050.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Ilan Kaplan

Mailing Address 11603 Parkedge Dr.

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation
Raysat Antenna Systmes President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C24220

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Colleen M. Kavanaugh

Mailing Address 6028 Fort Hunt Rd.

City State Zip Code
Alexandria VA 22307

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

Name of Employer Occupation
Self Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 18 / 2008

Transaction ID: C24288

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)
Christopher G. Kennedy

Mailing Address 158 Melrose Ave.

City State Zip Code
Kenilworth IL 60043

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

Name of Employer Occupation
Merchandise Mart Properti- President
es, Inc.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
09 / 08 / 2008

Transaction ID: C24273

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Robert Kogod

Mailing Address 2345 Crystal Dr
11th Fl.

City Arlington State VA Zip Code 22202-4801

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

Name of Employer Charles E. Smith Companies Occupation President-Investments

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 09 / 08 / 2008
Transaction ID: C24279
 Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
Debra L. Landa

Mailing Address 2806 Farm Rd

City Alexandria State VA Zip Code 22302-2404

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24249
 Amount of Each Receipt this Period: 2300.00

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

C. Full Name (Last, First, Middle Initial)
Darlene A. Lenz

Mailing Address 1303 Aldbury Way

City Reston State VA Zip Code 20194-1429

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

Name of Employer MovilVox, Inc. Occupation Business Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 07 / 31 / 2008
Transaction ID: C24228
 Amount of Each Receipt this Period: 1300.00

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

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 123
(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
							15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial) Enrique J. Lenz		Date of Receipt MM / DD / YYYY 07 / 31 / 2008
Mailing Address 1303 Aldbury Way		Transaction ID: C24229
City Reston	State VA	Zip Code 20194-1429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer MobilVox, Inc.	Occupation President/CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

B.

Full Name (Last, First, Middle Initial) M. James Littig		Date of Receipt MM / DD / YYYY 09 / 18 / 2008
Mailing Address 11813 Oakwood Dr		Transaction ID: C24297
City Woodbridge	State VA	Zip Code 22192-1303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Congressional Strategies, LLC	Occupation Consultant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

C.

Full Name (Last, First, Middle Initial) Joseph Macnow		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 1001 Sterling Rdg		Transaction ID: C24277
City Colts Neck	State NJ	Zip Code 07722-1489
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Vornado Realty Trust	Occupation CFO-Real Estate	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	2900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Rafat Mahmood
Mailing Address 702 N Washington St
City Alexandria State VA Zip Code 22314-1925
FEC ID number of contributing federal political committee. **C**
Name of Employer Mahmood Investments Corp. Occupation Advisor
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 09 / 08 / 2008
Transaction ID: C24265
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
David Mandelbaum
Mailing Address 36 Ross Rd.
City Livingston State NJ Zip Code 07039
FEC ID number of contributing federal political committee. **C**
Name of Employer Mandelbaum & Mandelbaum Occupation Lawyer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 09 / 08 / 2008
Transaction ID: C24270
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Sandeep L. Mathrani
Mailing Address 35 E. 7th Street, PH C
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. **C**
Name of Employer Vornado Realty Trust Occupation Exec Vice Pres-Retail Real Estate
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00
Date of Receipt 09 / 08 / 2008
Transaction ID: C24271
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 5000.00
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: (check only one)	PAGE 19 / 123
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Paula Moran	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 39 Eliot St.	Transaction ID: C24314
	City State Zip Code Natick MA 01760-2824	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer American Airlines Occupation Flight Attendant Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) George Munoz	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address 1603 Brookside Rd.	Transaction ID: C24166
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Munoz Group Occupation President Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Robert B. Nealon	Date of Receipt MM / DD / YYYY 09 / 18 / 2008
	Mailing Address 6204 Foxcroft Rd	Transaction ID: C24287
	City State Zip Code Alexandria VA 22307-1103	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self-Employed Occupation Attorney Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00

SUBTOTAL of Receipts This Page (optional)	4300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 20 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Ralph Nurnberger

Mailing Address 4870F Old Dominion Dr.

City Arlington State VA Zip Code 22207

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 07 / 31 / 2008
Transaction ID: C24216
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
Betty F. Price

Mailing Address 4800 Fillmore Ave., #1458

City Alexandria State VA Zip Code 22311-5056

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

Name of Employer n/a Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 07 / 23 / 2008
Transaction ID: C24153
 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)
Gloria D. Redman

Mailing Address 5203 Leesburg Pike Suite 100

City Falls Church State VA Zip Code 22041

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

Name of Employer Triumph Technologies Occupation President/CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt: 07 / 31 / 2008
Transaction ID: C24222
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Andrew A. Rivera
Mailing Address 205 Clifford Ave.
City Alexandria State VA Zip Code 22305
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 09 / 2008
Transaction ID: C24126
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)
Charlie Rose
Mailing Address PO Box 1042
City Marshall State VA Zip Code 20116-1042
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Consultant
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 4300.00
Date of Receipt 08 / 20 / 2008
Transaction ID: C24304
Amount of Each Receipt this Period 2300.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steven Roth
Mailing Address 888 7th Ave
City New York State NY Zip Code 10019-4308
FEC ID number of contributing federal political committee. **C**
Name of Employer Vornado Realty Trust Occupation Chairman/CEO
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2500.00
Date of Receipt 09 / 08 / 2008
Transaction ID: C24278
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 4550.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Mitchell N. Schear
 Mailing Address 6672 32nd PI NW
 City Washington State DC Zip Code 20015-2312
 Date of Receipt 09 / 08 / 2008
 Transaction ID: C24272
 Amount of Each Receipt this Period 2000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Charles E. Smith Commercial Realty Occupation President
 Receipt For: 2008 Election Cycle-to-Date 3000.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wendy A. Silverstein
 Mailing Address 22 Gap View Road
 City Short Hills State NJ Zip Code 07078
 Date of Receipt 09 / 08 / 2008
 Transaction ID: C24274
 Amount of Each Receipt this Period 2000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Vornado Realty Trust Occupation Exec Vice Pres-Capital Markets
 Receipt For: 2008 Election Cycle-to-Date 2500.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Tule River Tribal Council
 Mailing Address PO Box 589
 City Porterville State CA Zip Code 93257
 Date of Receipt 09 / 08 / 2008
 Transaction ID: C24267
 Amount of Each Receipt this Period 2500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date 3500.00
 Primary General
 Other (specify) ▼
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 23 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Stratis A. Voutsas

Mailing Address 1708 Briar Ridge Road

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
EAA, LLC CPA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2008

Transaction ID: C24241

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Stratis A. Voutsas

Mailing Address 1708 Briar Ridge Road

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
EAA, LLC CPA

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
08 / 19 / 2008

Transaction ID: C24240

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)
Michael Wallace

Mailing Address 2926 Amberleigh Way

City State Zip Code
Fairfax VA 22031

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

Name of Employer Occupation
MOBILVOX Dir. Software Develop.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C24230

Amount of Each Receipt this Period
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 123

(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
							15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Grayson F. Winterling

Mailing Address 153 Cameron Station Blvd

City State Zip Code
Alexandria VA 22304-7782

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

Name of Employer Congressional Strategies, LLC
Occupation Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2008

Transaction ID: C24296

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)
Zewditu Wondemu

Mailing Address 15551 Smithfield Pl.

City State Zip Code
Centreville VA 20120-4902

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

Name of Employer Zed's Ethiopian Restaurant
Occupation Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: C24307

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

67900.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
DEMOCRATIC PARTY OF VIRGINIA

Mailing Address 1710 E Franklin Street

City State Zip Code
RICHMOND VA 23223

FEC ID number of contributing federal political committee. **C** C00155952

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: C24159

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	50.00

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

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

FOR LINE NUMBER: PAGE 26 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
ACCENTURE POLITICAL ACTION COMMITTEE

Mailing Address 800 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt

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

Transaction ID: C24156

Amount of Each Receipt this Period
2000.00

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

B. Full Name (Last, First, Middle Initial)
ACCENTURE POLITICAL ACTION COMMITTEE

Mailing Address 800 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00300707

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt

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

Transaction ID: C24281

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)
ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 14600 Trinity Blvd
Suite 500

City Fort Worth State TX Zip Code 76155

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: C24256

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 123

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address 2 West Dixie Highway

City State Zip Code
Dania Beach FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

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

Transaction ID: C24236

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES APAC

Mailing Address 1575 I Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID: C24235

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 175 E. Houston Street
Room 7-A-50

City State Zip Code
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2008

Transaction ID: C24254

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 Prince Street
Suite 225

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00250399

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2008

Transaction ID: C24158

Amount of Each Receipt this Period
5000.00

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

B. Full Name (Last, First, Middle Initial)
BECHTEL PAC COMMITTEE

Mailing Address 50 BEALE STREET

City State Zip Code
SAN FRANCISCO CA 94105

FEC ID number of contributing federal political committee. **C** C00103697

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2008

Transaction ID: C24232

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 Wilson Blvd

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2008

Transaction ID: C24322

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **8000.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
BOEING POLITICAL ACTION COMMITTEE
Mailing Address 1200 Wilson Blvd
City Arlington State VA Zip Code 22209
FEC ID number of contributing federal political committee. **C** C00142711
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 09 / 30 / 2008
Transaction ID: C24321
Amount of Each Receipt this Period: 1500.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION) (LETTER CARRIERS POLITICAL EDUCATION)
Mailing Address 100 INDIANA AVE. N. W.
City WASHINGTON State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00023580
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00
Date of Receipt: 09 / 30 / 2008
Transaction ID: C24319
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
COMPUTER SCIENCES CORPORATION PAC
Mailing Address 2100 E Grand Avenue
City El Segundo State CA Zip Code 90245
FEC ID number of contributing federal political committee. **C** C00101410
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 9383.50
Date of Receipt: 08 / 19 / 2008
Transaction ID: C24260
Amount of Each Receipt this Period: 5000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 11500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE; THE

Mailing Address 701 Pennsylvania Avenue NW
Suite 750

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24253
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24252
 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)
CRUISE LINES INTERNATIONAL ASSOCIATION PAC (CLIA PAC)

Mailing Address 2111 WILSON BOULEVARD 8TH FLOOR

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00432393

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24251
 Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
CURTISS-WRIGHT CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 2941 Fairview Park Drive Ste. 850

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00420596

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C24316
 Amount of Each Receipt this Period: 1000.00

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

B. Full Name (Last, First, Middle Initial)
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt: 09 / 08 / 2008
Transaction ID: C24282
 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)
Dominion PAC

Mailing Address P.O. Box 26666

City Richmond State VA Zip Code 23261

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 31 / 2008
Transaction ID: C24233
 Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
EDS PAC

Mailing Address 1331 Pennsylvania Avenue, NW, #130

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00111658

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C24234

Amount of Each Receipt this Period 2500.00

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

B. Full Name (Last, First, Middle Initial)
GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC

Mailing Address 1900 M Street NW Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00408260

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt MM / DD / YYYY
09 / 30 / 2008

Transaction ID: C24320

Amount of Each Receipt this Period 2500.00

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

C. Full Name (Last, First, Middle Initial)
GREENBERG TRAUER LLP PAC

Mailing Address 1221 Brickell Avenue

City Miami State FL Zip Code 33131

FEC ID number of contributing federal political committee. **C** C00266585

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt MM / DD / YYYY
07 / 31 / 2008

Transaction ID: C24237

Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 7000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1025 W. NASA BLVD.

City MELBOURNE State FL Zip Code 32919

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt: 09 / 30 / 2008
Transaction ID: C24317
 Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
HOME DEPOT INC. POLITICAL ACTION COMMITTEE, THE

Mailing Address 101 Constitution Ave. NW
Suite 800 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00284885

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 09 / 08 / 2008
Transaction ID: C24280
 Amount of Each Receipt this Period: 5000.00

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

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF BRIDGE STRUCTURAL & ORNAMENTAL IRON WORKERS LOCAL 107

Mailing Address 1501 EAST AURORA

City DES MOINES State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C** C00156554

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24255
 Amount of Each Receipt this Period: 2000.00

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

SUBTOTAL of Receipts This Page (optional) ► 9000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION

Date of Receipt: MM / DD / YYYY
08 / 19 / 2008

Mailing Address 1750 New York Ave NW
Transaction ID: C24257

City Washington State DC Zip Code 20006
Amount of Each Receipt this Period: 2000.00

FEC ID number of contributing federal political committee: C C00029447

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) 2000.00

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

B. Full Name (Last, First, Middle Initial)
KING & SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Date of Receipt: MM / DD / YYYY
07 / 31 / 2008

Mailing Address 1180 Peachtree Street
Transaction ID: C24161

City Atlanta State GA Zip Code 30309
Amount of Each Receipt this Period: 1000.00

FEC ID number of contributing federal political committee: C C00204453

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) 3000.00

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

C. Full Name (Last, First, Middle Initial)
MANTECH INTERNATIONAL CORPORATION POLITICAL ACTION COMMITTEE

Date of Receipt: MM / DD / YYYY
09 / 18 / 2008

Mailing Address 12015 Lee Jackson Highway
Suite 128
Transaction ID: C24300

City Fairfax State VA Zip Code 22033
Amount of Each Receipt this Period: 1000.00

FEC ID number of contributing federal political committee: C C00208983

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) 9000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 35 / 123

(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (Date of Receipt

Mailing Address 606 NORTH WASHINGTON STREET

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

Transaction ID: C24239

Amount of Each Receipt this Period

5000.00

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

B. Full Name (Last, First, Middle Initial) NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH (Date of Receipt

Mailing Address 905 16th St., NW
Second Floor

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

Transaction ID: C24323

Amount of Each Receipt this Period

1500.00

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00345306

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

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

C. Full Name (Last, First, Middle Initial) NATIONAL TREASURY EMPLOYEES POLITICAL ACTION COMMITTEE (Date of Receipt

Mailing Address 1750 H Street, NW

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

Transaction ID: C24157

Amount of Each Receipt this Period

2000.00

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

SUBTOTAL of Receipts This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
O'NEILL AND ASSOCIATES PAC

Mailing Address 31NEW CHARDON STREET

City State Zip Code
BOSTON MA 02114

FEC ID number of contributing federal political committee. **C** C00362210

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2008

Transaction ID: C24299

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
PRAGMATICS INCORPORATED POLITICAL ACTION COMMITTEE

Mailing Address 7926 Jones Branch Drive
Suite 711

City State Zip Code
McLean VA 22102

FEC ID number of contributing federal political committee. **C** C00421487

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2008

Transaction ID: C24301

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
PROFESSIONALS POLITICAL ACTION COMMITTEE HDR INC.

Mailing Address 8404 Indian Hills Drive

City State Zip Code
Omaha NE 66114

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2008

Transaction ID: C24263

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
PROFESSIONALS POLITICAL ACTION COMMITTEE HDR INC.
Mailing Address 8404 Indian Hills Drive
City Omaha State NE Zip Code 66114
FEC ID number of contributing federal political committee. **C** C00103903
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 08 / 19 / 2008
Transaction ID: C24262
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
SAP America, Inc. PAC
Mailing Address 3999 W. Chester Pike
City Newtown Square State PA Zip Code 19073-2305
FEC ID number of contributing federal political committee. **C** C00367375
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 07 / 23 / 2008
Transaction ID: C24155
Amount of Each Receipt this Period 2000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Saslaw for Senate
Mailing Address P.O. Box 1254
City Springfield State VA Zip Code 22151
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 07 / 23 / 2008
Transaction ID: C24160
Amount of Each Receipt this Period 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Permissible funds

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

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

Mailing Address 900 7th Street
Suite 700

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24261
Amount of Each Receipt this Period: 2000.00

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

B. Full Name (Last, First, Middle Initial)
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 I Stree NW
Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24258
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)
UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 1401 I Stree NW
Suite 600

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 08 / 19 / 2008
Transaction ID: C24259
Amount of Each Receipt this Period: 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
VIRGINIA PARTISANS POLITICAL ACTION COMMITTEE

Mailing Address POST OFFICE BOX 6243

City State Zip Code
ARLINGTON VA 22206

FEC ID number of contributing federal political committee. **C** C00299511

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2008

Transaction ID: C24318

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)	▶	250.00
TOTAL This Period (last page this line number only)	▶	80750.00

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

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

FOR LINE NUMBER: PAGE 40 / 123
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank
Mailing Address 5350 Lee Hwy
City Arlington State VA Zip Code 22207-1608
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6006.18
Date of Receipt 07 / 31 / 2008
Transaction ID: C24302
Amount of Each Receipt this Period 308.56
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Interest income

B. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank
Mailing Address 5350 Lee Hwy
City Arlington State VA Zip Code 22207-1608
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6006.18
Date of Receipt 08 / 29 / 2008
Transaction ID: C24303
Amount of Each Receipt this Period 286.28
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Interest income

C. Full Name (Last, First, Middle Initial)
Virginia Commerce Bank
Mailing Address 5350 Lee Hwy
City Arlington State VA Zip Code 22207-1608
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 6006.18
Date of Receipt 09 / 30 / 2008
Transaction ID: C24324
Amount of Each Receipt this Period 281.11
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
* Interest income

SUBTOTAL of Receipts This Page (optional) ▶ **875.95**
TOTAL This Period (last page this line number only) ▶ **875.95**

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Airgas East <hr/> Mailing Address 17 Northwestern Dr <hr/> City Salem State NH Zip Code 03079-4809 <hr/> Purpose of Disbursement Helium for balloons Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8023 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 214.02 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Airgas East <hr/> Mailing Address 17 Northwestern Dr <hr/> City Salem State NH Zip Code 03079-4809 <hr/> Purpose of Disbursement Helium for balloons Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8025 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 14.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Airgas East <hr/> Mailing Address 17 Northwestern Dr <hr/> City Salem State NH Zip Code 03079-4809 <hr/> Purpose of Disbursement Helium for balloons Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8024 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 16.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	244.87
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) Alexandria Toyota <hr/> Mailing Address 1707 Mount Vernon Ave <hr/> City Alexandria State VA Zip Code 22301-1721 <hr/> Purpose of Disbursement Car lease Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8026 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 8
	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
	Category/Type
B. Full Name (Last, First, Middle Initial) Apptix/Mi8 Inc. <hr/> Mailing Address PO Box 673819 <hr/> City Detroit State MI Zip Code 48267-3819 <hr/> Purpose of Disbursement Website expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8045 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 72.13
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type
C. Full Name (Last, First, Middle Initial) Apptix/Mi8 Inc. <hr/> Mailing Address PO Box 673819 <hr/> City Detroit State MI Zip Code 48267-3819 <hr/> Purpose of Disbursement Website expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8046 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 80.45
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2152.58

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Aptix/Mi8 Inc.

Mailing Address PO Box 673819

City Detroit State MI Zip Code 48267-3819

Purpose of Disbursement
Website expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8047

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

74.00

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

B.

Full Name (Last, First, Middle Initial)
Arlington Branch NAACP

Mailing Address 951 S. George Mason Drive Suite 20

City Arlington State VA Zip Code 22204

Purpose of Disbursement
Event sponsor

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8048

Date of Disbursement

09 / 17 / 2008

Amount of Each Disbursement this Period

1200.00

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

C.

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

Mailing Address PO Box 536216

City Atlanta State GA Zip Code 30353-6216

Purpose of Disbursement
Telephone expense

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8049

Date of Disbursement

07 / 07 / 2008

Amount of Each Disbursement this Period

560.65

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

SUBTOTAL of Disbursements This Page (optional)

1834.65

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D8051 Date of Disbursement 08 / 05 / 2008
	Mailing Address PO Box 536216	Amount of Each Disbursement this Period 332.17
	City Atlanta State GA Zip Code 30353-6216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D8050 Date of Disbursement 09 / 01 / 2008
	Mailing Address PO Box 536216	Amount of Each Disbursement this Period 340.53
	City Atlanta State GA Zip Code 30353-6216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AT&T Mobility	Transaction ID: D8052 Date of Disbursement 09 / 01 / 2008
	Mailing Address PO Box 536216	Amount of Each Disbursement this Period 155.53
	City Atlanta State GA Zip Code 30353-6216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	828.23
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address PO Box 536216 <hr/> City Atlanta State GA Zip Code 30353-6216 <hr/> Purpose of Disbursement Telephone expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8053 Date of Disbursement 09 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 62.07 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address PO Box 536216 <hr/> City Atlanta State GA Zip Code 30353-6216 <hr/> Purpose of Disbursement Telephone expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8054 Date of Disbursement 09 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 170.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Cara Margetich <hr/> Mailing Address 8 Wellesley Way <hr/> City Medford State NJ Zip Code 08055-9597 <hr/> Purpose of Disbursement Fundraising consulting fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8080 Date of Disbursement 09 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2732.56

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Carefirst Blue Cross/Blue Shield Mailing Address PO Box 79749 City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement Employee health insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8082 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 412.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Carefirst Blue Cross/Blue Shield Mailing Address PO Box 79749 City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement Employee health insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8083 Date of Disbursement 08 / 20 / 2008 Amount of Each Disbursement this Period 412.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Carefirst Blue Cross/Blue Shield Mailing Address PO Box 79749 City Baltimore State MD Zip Code 21279-0749 Purpose of Disbursement Employee health insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8081 Date of Disbursement 09 / 22 / 2008 Amount of Each Disbursement this Period 412.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1238.01
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Colonial Parking Mailing Address 101 Union Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8101 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 129.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Colonial Parking Mailing Address 101 Union Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8103 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Colonial Parking Mailing Address 101 Union Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement Parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8102 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	369.80
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 827554 City Philadelphia State PA Zip Code 19182-7554 Purpose of Disbursement Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8106 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 100.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 827554 City Philadelphia State PA Zip Code 19182-7554 Purpose of Disbursement Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8105 Date of Disbursement 09 / 01 / 2008 Amount of Each Disbursement this Period 99.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 827554 City Philadelphia State PA Zip Code 19182-7554 Purpose of Disbursement Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8107 Date of Disbursement 09 / 15 / 2008 Amount of Each Disbursement this Period 180.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	380.94
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 827554 City Philadelphia State PA Zip Code 19182-7554 Purpose of Disbursement Cable Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8104 Date of Disbursement 09 / 22 / 2008 Amount of Each Disbursement this Period 99.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Conklyn's Florist Mailing Address 2102 Jefferson Davis Hwy City Alexandria State VA Zip Code 22301-1005 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8108 Date of Disbursement 08 / 05 / 2008 Amount of Each Disbursement this Period 169.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) D & P Printing & Graphics, Inc. Mailing Address 5641-I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement Printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8121 Date of Disbursement 07 / 07 / 2008 Amount of Each Disbursement this Period 3558.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3827.40

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
D & P Printing & Graphics, Inc.

Transaction ID: D8125

Date of Disbursement

Mailing Address 5641-I General Washington Drive

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

City State Zip Code
Alexandria VA 22312

Amount of Each Disbursement this Period

151.20

Purpose of Disbursement
Printing expense

Category/ Type

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

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)
D & P Printing & Graphics, Inc.

Transaction ID: D8124

Date of Disbursement

Mailing Address 5641-I General Washington Drive

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

City State Zip Code
Alexandria VA 22312

Amount of Each Disbursement this Period

7231.70

Purpose of Disbursement
Printing expense

Category/ Type

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

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)
D & P Printing & Graphics, Inc.

Transaction ID: D8126

Date of Disbursement

Mailing Address 5641-I General Washington Drive

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

City State Zip Code
Alexandria VA 22312

Amount of Each Disbursement this Period

386.97

Purpose of Disbursement
Printing expense

Category/ Type

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

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

7769.87

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

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) D & P Printing & Graphics, Inc. Mailing Address 5641-I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement Printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8122 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 3142.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) D & P Printing & Graphics, Inc. Mailing Address 5641-I General Washington Drive City Alexandria State VA Zip Code 22312 Purpose of Disbursement Printing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8123 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 1440.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Evan Day Mailing Address 1469 S 28th Street #10 City Arlington State VA Zip Code 22209 Purpose of Disbursement Door-to-door canvassing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8144 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	4982.60
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Dittmar Design LLC	Transaction ID: D8136 Date of Disbursement 08 / 01 / 2008
	Mailing Address 4542 Little River Run Drive	Amount of Each Disbursement this Period 415.80
	City Annandale State VA Zip Code 22003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Domino's Pizza	Transaction ID: D8137 Date of Disbursement 09 / 13 / 2008
	Mailing Address 6138 Arlington Blvd., #C	Amount of Each Disbursement this Period 1100.00
	City Seven Corners State VA Zip Code 22044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event catering Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bridget Donnelly	Transaction ID: D8066 Date of Disbursement 07 / 22 / 2008
	Mailing Address 5218 N 12th Street	Amount of Each Disbursement this Period 400.00
	City Arlington State VA Zip Code 22205	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Door-to-door canvassing Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1915.80
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Joseph Easton

Mailing Address 4400 Lee Highway #207

City Arlington State VA Zip Code 22207

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8216

Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

2171.75

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

B.

Full Name (Last, First, Middle Initial)
Joseph Easton

Mailing Address 4400 Lee Highway #207

City Arlington State VA Zip Code 22207

Purpose of Disbursement

Fundraising expenses (none over \$200)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8214

Date of Disbursement

07 / 17 / 2008

Amount of Each Disbursement this Period

113.03

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

C.

Full Name (Last, First, Middle Initial)
Joseph Easton

Mailing Address 4400 Lee Highway #207

City Arlington State VA Zip Code 22207

Purpose of Disbursement

Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8212

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

2171.75

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

SUBTOTAL of Disbursements This Page (optional) ▶

4456.53

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Joseph Easton

Mailing Address 4400 Lee Highway #207

City Arlington State VA Zip Code 22207

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8215
Date of Disbursement

09 / 01 / 2008

Amount of Each Disbursement this Period

2171.75

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

B.

Full Name (Last, First, Middle Initial)
GEICO Insurance Co.

Mailing Address 5260 Western Ave

City Chevy Chase State MD Zip Code 20815-3701

Purpose of Disbursement
Car insurance

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8185
Date of Disbursement

07 / 14 / 2008

Amount of Each Disbursement this Period

492.92

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

C.

Full Name (Last, First, Middle Initial)
GEICO Insurance Co.

Mailing Address 5260 Western Ave

City Chevy Chase State MD Zip Code 20815-3701

Purpose of Disbursement
Car insurance

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8186
Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

477.73

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

SUBTOTAL of Disbursements This Page (optional) ▶

3142.40

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) GEICO Insurance Co.</p> <p>Mailing Address 5260 Western Ave</p> <p>City Chevy Chase State MD Zip Code 20815-3701</p> <p>Purpose of Disbursement Car insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8184</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 477.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hartford</p> <p>Mailing Address PO Box 2907</p> <p>City Hartford State CT Zip Code 06104-2907</p> <p>Purpose of Disbursement Office insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8333</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 562.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Janet R. Inscore-Boswell</p> <p>Mailing Address 2204 Fort Ward PI</p> <p>City Alexandria State VA Zip Code 22304-1015</p> <p>Purpose of Disbursement Fundraising consulting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8210</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 6000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7039.73

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Janet R. Inscore-Boswell

Transaction ID: D8209

Date of Disbursement

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

Mailing Address 2204 Fort Ward PI

Amount of Each Disbursement this Period

3000.00

City State Zip Code
Alexandria VA 22304-1015

Purpose of Disbursement
Fundraising consulting fee

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

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

Transaction ID: D8213

Date of Disbursement

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

Mailing Address 4714 Argyle Avenue, #407

Amount of Each Disbursement this Period

1277.50

City State Zip Code
Garrett Park MD 20896

Purpose of Disbursement
Computer repair/maintenance

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Amy Lewis

Transaction ID: D8042

Date of Disbursement

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

Mailing Address 850 N. Randolph Street
Apt. 1403

Amount of Each Disbursement this Period

2000.00

City State Zip Code
Arlington VA 22203

Purpose of Disbursement
Administrative consulting fee

Category/
Type

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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6277.50

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Amy Lewis</p> <p>Mailing Address 850 N. Randolph Street Apt. 1403</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Administrative consulting fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8043</p> <p>Date of Disbursement MM / DD / YYYY 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Amy Lewis</p> <p>Mailing Address 850 N. Randolph Street Apt. 1403</p> <p>City Arlington State VA Zip Code 22203</p> <p>Purpose of Disbursement Administrative consulting fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8044</p> <p>Date of Disbursement MM / DD / YYYY 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Mack Crouse Group</p> <p>Mailing Address 2001 N. Beauregard Street Suite 42</p> <p>City Alexandria State VA Zip Code 22311</p> <p>Purpose of Disbursement Printing expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8221</p> <p>Date of Disbursement MM / DD / YYYY 08 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 10143.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ►

14343.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Mack Crouse Group

Transaction ID: D8220
Date of Disbursement

Mailing Address 2001 N. Beauregard Street Suite 42

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	8

City State Zip Code
Alexandria VA 22311

Amount of Each Disbursement this Period

6827.00

Purpose of Disbursement
Printing expense

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Hannah B. Margetich

Transaction ID: D8196
Date of Disbursement

Mailing Address 800 S Saint Asaph St Apt 301

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

City State Zip Code
Alexandria VA 22314-4361

Amount of Each Disbursement this Period

2438.25

Purpose of Disbursement
Salary

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Hannah B. Margetich

Transaction ID: D8194
Date of Disbursement

Mailing Address 800 S Saint Asaph St Apt 301

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

City State Zip Code
Alexandria VA 22314-4361

Amount of Each Disbursement this Period

52.50

Purpose of Disbursement
Travel expenses (taxis)

--

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

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9317.75

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Hannah B. Margetich

Transaction ID: D8191
Date of Disbursement

Mailing Address 800 S Saint Asaph St
Apt 301

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

City Alexandria State VA Zip Code 22314-4361

Amount of Each Disbursement this Period

2438.25

Purpose of Disbursement
Salary

Category/ Type

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

Candidate Name

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Hannah B. Margetich

Transaction ID: D8193
Date of Disbursement

Mailing Address 800 S Saint Asaph St
Apt 301

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

City Alexandria State VA Zip Code 22314-4361

Amount of Each Disbursement this Period

2438.25

Purpose of Disbursement
Salary

Category/ Type

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

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Clare McIntyre

Transaction ID: D8095
Date of Disbursement

Mailing Address 6022 Morgan Court

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

City Alexandria State VA Zip Code 22312

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Administrative consulting fee

Category/ Type

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

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

6976.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Clare McIntyre	Transaction ID: D8097 Date of Disbursement 08 / 01 / 2008
	Mailing Address 6022 Morgan Court	Amount of Each Disbursement this Period 2700.00
	City Alexandria State VA Zip Code 22312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative consulting fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Clare McIntyre	Transaction ID: D8096 Date of Disbursement 08 / 21 / 2008
	Mailing Address 6022 Morgan Court	Amount of Each Disbursement this Period 2700.00
	City Alexandria State VA Zip Code 22312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Administrative consulting fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Clare McIntyre	Transaction ID: D8098 Date of Disbursement 09 / 29 / 2008
	Mailing Address 6022 Morgan Court	Amount of Each Disbursement this Period 236.60
	City Alexandria State VA Zip Code 22312	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising expenses (none over \$200) Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5636.60
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Beatriz J. Melgar</p> <p>Mailing Address 800 S Saint Asaph St Apt 303</p> <p>City Alexandria State VA Zip Code 22314-4361</p> <p>Purpose of Disbursement Fundraising consulting fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8058</p> <p>Date of Disbursement 07 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2127.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Beatriz J. Melgar</p> <p>Mailing Address 800 S Saint Asaph St Apt 303</p> <p>City Alexandria State VA Zip Code 22314-4361</p> <p>Purpose of Disbursement Fundraising/Consulting fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8203</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 862.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Beatriz J. Melgar</p> <p>Mailing Address 800 S Saint Asaph St Apt 303</p> <p>City Alexandria State VA Zip Code 22314-4361</p> <p>Purpose of Disbursement Fundraising/Consulting fee</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8204</p> <p>Date of Disbursement 08 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3389.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Beatriz J. Melgar	Transaction ID: D8205 Date of Disbursement 08 / 31 / 2008
	Mailing Address 800 S Saint Asaph St Apt 303	Amount of Each Disbursement this Period 528.00
	City Alexandria State VA Zip Code 22314-4361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising/Consulting fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Beatriz J. Melgar	Transaction ID: D8206 Date of Disbursement 09 / 26 / 2008
	Mailing Address 800 S Saint Asaph St Apt 303	Amount of Each Disbursement this Period 1540.00
	City Alexandria State VA Zip Code 22314-4361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising/Consulting fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) James P. Moran, Jr.	Transaction ID: D8208 Date of Disbursement 07 / 29 / 2008
	Mailing Address 175 Chain Bridge Rd	Amount of Each Disbursement this Period 111.40
	City Mc Lean State VA Zip Code 22101-1907	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel expenses (taxis, parking, gas) Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2179.40
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

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

Mailing Address 175 Chain Bridge Rd

City State Zip Code
Mc Lean VA 22101-1907

Purpose of Disbursement
Parking expenses
Candidate Name

Category/
Type

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

Transaction ID: D8207
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

21.00

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

B.

Full Name (Last, First, Middle Initial)
Edward J. Newberry

Mailing Address 8214 Hunting Hill Ln

City State Zip Code
Mc Lean VA 22102-1303

Purpose of Disbursement
Event expense
Candidate Name

Category/
Type

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

Transaction ID: D8142
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

1440.00

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

C.

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

Mailing Address PO Box 2518

City State Zip Code
Alexandria VA 22301-0518

Purpose of Disbursement
Office parking, etc.
Candidate Name

Category/
Type

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

Transaction ID: D8242
Date of Disbursement

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

Amount of Each Disbursement this Period

400.00

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

SUBTOTAL of Disbursements This Page (optional)

1861.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Quill Corporation	Transaction ID: D8246 Date of Disbursement 09 / 01 / 2008
	Mailing Address PO Box 94081	Amount of Each Disbursement this Period 174.95
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Quill Corporation	Transaction ID: D8247 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO Box 94081	Amount of Each Disbursement this Period 8.75
	City Palatine State IL Zip Code 60094	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ritz Carlton Pentagon City	Transaction ID: D8255 Date of Disbursement 09 / 22 / 2008
	Mailing Address 1250 South Hayes Street	Amount of Each Disbursement this Period 1593.22
	City Arlington State VA Zip Code 22202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising event expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1776.92
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Mitchell N. Schear

Mailing Address 6672 32nd PI NW

City Washington State DC Zip Code 20015-2312

Purpose of Disbursement
Fundraising catering

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8233
Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

935.48

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

B.

Full Name (Last, First, Middle Initial)
Bryan Spoon

Mailing Address 2701 Connecticut Ave NW
Apt 104

City Washington State DC Zip Code 20008-5301

Purpose of Disbursement
Campaign management consulting fee

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8069
Date of Disbursement

07 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

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

C.

Full Name (Last, First, Middle Initial)
Bryan Spoon

Mailing Address 2701 Connecticut Ave NW
Apt 104

City Washington State DC Zip Code 20008-5301

Purpose of Disbursement
Campaign management consulting fee

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8071
Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

5000.00

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

SUBTOTAL of Disbursements This Page (optional)

10935.48

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Bryan Spoon</p> <p>Mailing Address 2701 Connecticut Ave NW Apt 104</p> <p>City Washington State DC Zip Code 20008-5301</p> <p>Purpose of Disbursement Campaign management consulting fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8070</p> <p>Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Susan Gage Caterers</p> <p>Mailing Address 7411 Livingston Rd</p> <p>City Oxon Hill State MD Zip Code 20745-1747</p> <p>Purpose of Disbursement Fundraising/catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8268</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 6383.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) The Waverly Group, Inc.</p> <p>Mailing Address 6849 Old Dominion Dr Ste 222</p> <p>City McLean State VA Zip Code 22101-3705</p> <p>Purpose of Disbursement FEC compliance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8274</p> <p>Date of Disbursement 08 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 3690.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15073.28

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) Town & Country Properties, Inc.</p> <p>Mailing Address 7901 Richmond Hwy</p> <p>City Alexandria State VA Zip Code 22306-3013</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8276 Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Town & Country Properties, Inc.</p> <p>Mailing Address 7901 Richmond Hwy</p> <p>City Alexandria State VA Zip Code 22306-3013</p> <p>Purpose of Disbursement Office rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8275 Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Toyota Financial Services Corp.</p> <p>Mailing Address PO Box 9490</p> <p>City Cedar Rapids State IA Zip Code 52409-9490</p> <p>Purpose of Disbursement Leased car</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8278 Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 786.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5786.49

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Toyota Financial Services Corp.

Mailing Address PO Box 9490

City Cedar Rapids State IA Zip Code 52409-9490

Purpose of Disbursement
Leased car

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8277

Date of Disbursement

09 / 11 / 2008

Amount of Each Disbursement this Period

684.42

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

B. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 1908 Mount Vernon Ave

City Alexandria State VA Zip Code 22301-1300

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8284

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

2120.66

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

C. Full Name (Last, First, Middle Initial)
U.S. Postmaster

Mailing Address 1908 Mount Vernon Ave

City Alexandria State VA Zip Code 22301-1300

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8283

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

635.88

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

SUBTOTAL of Disbursements This Page (optional)

3440.96

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D8298 Date of Disbursement 07 / 17 / 2008
	Mailing Address PO Box 27783	Amount of Each Disbursement this Period 209.59
	City Richmond State VA Zip Code 23261-7783	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D8297 Date of Disbursement 09 / 01 / 2008
	Mailing Address PO Box 27783	Amount of Each Disbursement this Period 199.30
	City Richmond State VA Zip Code 23261-7783	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D8296 Date of Disbursement 09 / 16 / 2008
	Mailing Address PO Box 27783	Amount of Each Disbursement this Period 195.21
	City Richmond State VA Zip Code 23261-7783	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	604.10
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Merchant fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8303 Date of Disbursement 07 / 07 / 2008 Amount of Each Disbursement this Period 54.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8304 Date of Disbursement 07 / 08 / 2008 Amount of Each Disbursement this Period 2010.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8302 Date of Disbursement 08 / 01 / 2008 Amount of Each Disbursement this Period 2010.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4075.45

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Merchant fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8301 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 55.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Payroll taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8305 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 2010.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Virginia Commerce Bank Mailing Address 5350 Lee Hwy City Arlington State VA Zip Code 22207-1608 Purpose of Disbursement Merchant fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8300 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 54.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2120.46

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Virginia Department of Taxation</p> <p>Mailing Address PO Box 27264</p> <p>City Richmond State VA Zip Code 23261-7264</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8308</p> <p>Date of Disbursement 07 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 359.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Virginia Department of Taxation</p> <p>Mailing Address PO Box 27264</p> <p>City Richmond State VA Zip Code 23261-7264</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8306</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 359.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Virginia Department of Taxation</p> <p>Mailing Address PO Box 27264</p> <p>City Richmond State VA Zip Code 23261-7264</p> <p>Purpose of Disbursement Payroll taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8307</p> <p>Date of Disbursement 09 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 359.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1077.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Virginia NOW</p> <p>Mailing Address P.O. Box 85</p> <p>City Sweet Briar State VA Zip Code 24595</p> <p>Purpose of Disbursement Event sponsor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8310</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Washington Express</p> <p>Mailing Address 12240 Indian Creek Ct Ste 100</p> <p>City Beltsville State MD Zip Code 20705-1242</p> <p>Purpose of Disbursement Courier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8325</p> <p>Date of Disbursement 08 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 65.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Washington Express</p> <p>Mailing Address 12240 Indian Creek Ct Ste 100</p> <p>City Beltsville State MD Zip Code 20705-1242</p> <p>Purpose of Disbursement Courier</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8324</p> <p>Date of Disbursement 09 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 19.47</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	585.04
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc.	Transaction ID: D8330 Date of Disbursement 08 / 01 / 2008
	Mailing Address 315 Inspiration Ln	Amount of Each Disbursement this Period 2038.38
	City Gaithersburg State MD Zip Code 20878-5808	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FEC Preparation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Winpisinger & Associates, Inc.	Transaction ID: D8331 Date of Disbursement 09 / 01 / 2008
	Mailing Address 315 Inspiration Ln	Amount of Each Disbursement this Period 2058.65
	City Gaithersburg State MD Zip Code 20878-5808	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement FEC Preparation Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D8030 Date of Disbursement 07 / 22 / 2008
	Mailing Address PO Box 53609	Amount of Each Disbursement this Period 17248.13
	City Phoenix State AZ Zip Code 85072-3609	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card (see below) Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	21345.16
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53609

City Phoenix State AZ Zip Code 85072-3609

Purpose of Disbursement
Travel fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8037
Date of Disbursement
07 / 22 / 2008

Amount of Each Disbursement this Period
119.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53609

City Phoenix State AZ Zip Code 85072-3609

Purpose of Disbursement
Travel fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8029
Date of Disbursement
07 / 22 / 2008

Amount of Each Disbursement this Period
42.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

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

Mailing Address PO Box 53609

City Phoenix State AZ Zip Code 85072-3609

Purpose of Disbursement
Travel fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8036
Date of Disbursement
07 / 22 / 2008

Amount of Each Disbursement this Period
227.88

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53609

City Phoenix State AZ Zip Code 85072-3609

Purpose of Disbursement
Travel expenses

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8031
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

60.94

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53609

City Phoenix State AZ Zip Code 85072-3609

Purpose of Disbursement
Travel fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8033
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

19.95

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cafe Milano

Mailing Address 3251 Prospect St NW

City Washington State DC Zip Code 20007-3243

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8078
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

54.25

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cafe Milano</p> <p>Mailing Address 3251 Prospect St NW</p> <p>City Washington State DC Zip Code 20007-3243</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8079</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 364.70</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) Carlyle Grand Cafe</p> <p>Mailing Address 4000 28th St S</p> <p>City Arlington State VA Zip Code 22206-2202</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8084</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 70.59</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) Cecilia's Restaurant</p> <p>Mailing Address 2619 Columbia Pike</p> <p>City Arlington State VA Zip Code 22204</p> <p>Purpose of Disbursement Fundraising/Catering</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8089</p> <p>Date of Disbursement 07 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 2749.31</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Cecilia's Restaurant

Mailing Address 2619 Columbia Pike

City Arlington State VA Zip Code 22204

Purpose of Disbursement
Fundraising/Catering

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8088
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

1110.82

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cecilia's Restaurant

Mailing Address 2619 Columbia Pike

City Arlington State VA Zip Code 22204

Purpose of Disbursement
Fundraising/Catering

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8086
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

132.55

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8153
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

17.73

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Federal Express

Transaction ID: D8152
Date of Disbursement

Mailing Address P.O. Box 1140

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

City State Zip Code
Memphis TN 38101

Amount of Each Disbursement this Period

26.32

Purpose of Disbursement
Shipping

Category/ Type

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

Candidate Name

[MEMO ITEM]

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

B.

Full Name (Last, First, Middle Initial)
Federal Express

Transaction ID: D8158
Date of Disbursement

Mailing Address P.O. Box 1140

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

City State Zip Code
Memphis TN 38101

Amount of Each Disbursement this Period

24.77

Purpose of Disbursement
Shipping

Category/ Type

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

Candidate Name

[MEMO ITEM]

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

C.

Full Name (Last, First, Middle Initial)
Federal Express

Transaction ID: D8155
Date of Disbursement

Mailing Address P.O. Box 1140

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

City State Zip Code
Memphis TN 38101

Amount of Each Disbursement this Period

195.56

Purpose of Disbursement
Shipping

Category/ Type

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

Candidate Name

[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) ▶

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8156
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8154
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

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

Mailing Address 7001 Tower Road

City Denver State CO Zip Code 80249

Purpose of Disbursement Travel/Airfare

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8174
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8178 Date of Disbursement 07 / 22 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 486.69
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8177 Date of Disbursement 07 / 22 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 486.69
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8170 Date of Disbursement 07 / 22 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 468.69
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8175 Date of Disbursement 07 / 22 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 486.69
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8167 Date of Disbursement 07 / 22 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 486.69
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8173 Date of Disbursement 07 / 22 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 468.69
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8168

Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

468.69

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8172

Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

468.69

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8171

Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

468.69

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8176
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

486.69

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8169
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

468.69

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Rainbow Rental

Mailing Address 6705 Electronic Drive #A

City State Zip Code
Springfield VA 22151

Purpose of Disbursement
Fundraising event expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8249
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

511.50

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Talking Tech International

Mailing Address 6558 Lucas Avenue

City State Zip Code
Oakland CA 94611

Purpose of Disbursement
Office equipment purchase

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8270
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

95.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Talking Tech International

Mailing Address 6558 Lucas Avenue

City State Zip Code
Oakland CA 94611

Purpose of Disbursement
Office equipment purchase

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8269
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

2995.00

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

[MEMO ITEM]

C.

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

Mailing Address 1908 Mount Vernon Ave

City State Zip Code
Alexandria VA 22301-1300

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8282
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

1264.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: D8294 Date of Disbursement 07 / 22 / 2008
	Mailing Address CRYSTAL PARK FOUR 2345 Crystal Drive	Amount of Each Disbursement this Period 190.30
	City Arlington	State VA
	Zip Code 22227-0001	
	Purpose of Disbursement Travel/Airfare	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

Transaction ID: D8294

Date of Disbursement

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

Amount of Each Disbursement this Period

190.30

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

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D8323 Date of Disbursement 07 / 22 / 2008
	Mailing Address 23 Main Street	Amount of Each Disbursement this Period 84.58
	City Holmdel	State NJ
	Zip Code 07733	
	Purpose of Disbursement Telephone expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

Transaction ID: D8323

Date of Disbursement

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

Amount of Each Disbursement this Period

84.58

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

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D8321 Date of Disbursement 07 / 22 / 2008
	Mailing Address 23 Main Street	Amount of Each Disbursement this Period 84.58
	City Holmdel	State NJ
	Zip Code 07733	
	Purpose of Disbursement Telephone expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

Transaction ID: D8321

Date of Disbursement

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

Amount of Each Disbursement this Period

84.58

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Vonage

Transaction ID: D8318
Date of Disbursement

Mailing Address 23 Main Street

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

City State Zip Code
Holmdel NJ 07733

Amount of Each Disbursement this Period

84.58

Purpose of Disbursement
Telephone expense

Category/ Type

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

Candidate Name

[MEMO ITEM]

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Vonage

Transaction ID: D8317
Date of Disbursement

Mailing Address 23 Main Street

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

City State Zip Code
Holmdel NJ 07733

Amount of Each Disbursement this Period

13.80

Purpose of Disbursement
Telephone expense

Category/ Type

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

Candidate Name

[MEMO ITEM]

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Vonage

Transaction ID: D8315
Date of Disbursement

Mailing Address 23 Main Street

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

City State Zip Code
Holmdel NJ 07733

Amount of Each Disbursement this Period

84.58

Purpose of Disbursement
Telephone expense

Category/ Type

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

Candidate Name

[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) ▶

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Vonage

Mailing Address 23 Main Street

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
Telephone expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8313
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

84.58

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Vonage

Mailing Address 23 Main Street

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement
Telephone expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8312
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

84.58

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Windows Catering

Mailing Address 5720 General Washington Dr

City Alexandria State VA Zip Code 22312

Purpose of Disbursement
Fundraising/Catering

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8329
Date of Disbursement

07 / 22 / 2008

Amount of Each Disbursement this Period

451.50

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53609</p> <p>City Phoenix State AZ Zip Code 85072-3609</p> <p>Purpose of Disbursement Credit card (see below)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8034</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 16298.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) 600 Restaurant</p> <p>Mailing Address 600 New Hampshire Avenue</p> <p>City Washington State DC Zip Code 20037</p> <p>Purpose of Disbursement Fundraising/Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8020</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 9703.20</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) Bobby Van's Steakhouse</p> <p>Mailing Address 809 15th St NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Meal</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8065</p> <p>Date of Disbursement 08 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 660.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

16298.98

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Busboys and Poets

Mailing Address 2751 S Stafford Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement Meal

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8072
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8162
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8161
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8183

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

410.39

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8179

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

486.38

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Frontier Airlines

Mailing Address 7001 Tower Road

City State Zip Code
Denver CO 80249

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8180

Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

100.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8181 Date of Disbursement 08 / 21 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 428.38
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Frontier Airlines	Transaction ID: D8182 Date of Disbursement 08 / 21 / 2008
	Mailing Address 7001 Tower Road	Amount of Each Disbursement this Period 597.38
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Royce Flowers	Transaction ID: D8258 Date of Disbursement 08 / 21 / 2008
	Mailing Address 2205 Mount Vernon Ave	Amount of Each Disbursement this Period 151.25
	City Alexandria State VA Zip Code 22301	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Flowers Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Royce Flowers

Mailing Address 2205 Mount Vernon Ave

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8257
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

96.25

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City State Zip Code
Chicago IL 60666-0100

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8285
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

1901.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City State Zip Code
Chicago IL 60666-0100

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8287
Date of Disbursement

08 / 21 / 2008

Amount of Each Disbursement this Period

712.62

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D8316
	Mailing Address 23 Main Street	Date of Disbursement 08 / 21 / 2008
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 74.70
	Purpose of Disbursement Telephone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D8319
	Mailing Address 23 Main Street	Date of Disbursement 08 / 21 / 2008
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 225.00
	Purpose of Disbursement Telephone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D8322
	Mailing Address 23 Main Street	Date of Disbursement 08 / 21 / 2008
	City Holmdel State NJ Zip Code 07733	Amount of Each Disbursement this Period 366.13
	Purpose of Disbursement Telephone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Vonage	Transaction ID: D8314 Date of Disbursement 08 / 21 / 2008
	Mailing Address 23 Main Street	Amount of Each Disbursement this Period 78.08
	City Holmdel State NJ Zip Code 07733	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Telephone expense Candidate Name	<input type="checkbox"/> [MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D8035 Date of Disbursement 09 / 23 / 2008
	Mailing Address PO Box 53609	Amount of Each Disbursement this Period 4445.22
	City Phoenix State AZ Zip Code 85072-3609	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card (see below) Candidate Name	<input type="checkbox"/> [MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D8032 Date of Disbursement 09 / 23 / 2008
	Mailing Address PO Box 53609	Amount of Each Disbursement this Period 9.95
	City Phoenix State AZ Zip Code 85072-3609	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel fees Candidate Name	<input type="checkbox"/> [MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4445.22
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address PO Box 53609

City Phoenix State AZ Zip Code 85072-3609

Purpose of Disbursement
Travel fees

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8028
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

18.99

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Busboys and Poets

Mailing Address 2751 S Stafford Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Fundraising planning meeting

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8073
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

285.19

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Crowne Plaza Denver

Mailing Address 1450 Glenarm Pl

City Denver State CO Zip Code 80202

Purpose of Disbursement
Democratic Convention lodging

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8117
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

34.06

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Crowne Plaza Denver	Transaction ID: D8116 Date of Disbursement 09 / 23 / 2008
	Mailing Address 1450 Glenarm PI	Amount of Each Disbursement this Period 2788.91
	City Denver State CO Zip Code 80202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Democratic Convention lodging	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Crowne Plaza Denver	Transaction ID: D8115 Date of Disbursement 09 / 23 / 2008
	Mailing Address 1450 Glenarm PI	Amount of Each Disbursement this Period 58.73
	City Denver State CO Zip Code 80202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Meal	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Days Inn Denver	Transaction ID: D8127 Date of Disbursement 09 / 23 / 2008
	Mailing Address 7030 Tower Road	Amount of Each Disbursement this Period 13.98
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Democratic Convention lodging	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8151 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 27.66
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8160 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 21.15
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: D8159 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 27.66
	City Memphis State TN Zip Code 38101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Shipping Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8157
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

13.95

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

Mailing Address 11001 Lee Hwy

City Fairfax State VA Zip Code 22030-5018

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: D8234
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

130.15

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8293
Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

40.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8292

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

90.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8286

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Vonage

Mailing Address 23 Main Street

City Holmdel State NJ Zip Code 07733

Purpose of Disbursement

Telephone expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8320

Date of Disbursement

09 / 23 / 2008

Amount of Each Disbursement this Period

567.30

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Bryan Spoon

Transaction ID: D8067
Date of Disbursement

Mailing Address 2701 Connecticut Ave NW
Apt 104

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

City Washington State DC Zip Code 20008-5301

Amount of Each Disbursement this Period

1420.12

Purpose of Disbursement Expenses (see below)

Category/Type

Candidate Name

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:

B.

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

Transaction ID: D8062
Date of Disbursement

Mailing Address 1201 South Hayes Street

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

City Alexandria State VA Zip Code 22301

Amount of Each Disbursement this Period

9.99

Purpose of Disbursement Office supplies

Category/Type

Candidate Name

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:

[MEMO ITEM]

C.

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

Transaction ID: D8061
Date of Disbursement

Mailing Address 1201 South Hayes Street

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

City Alexandria State VA Zip Code 22301

Amount of Each Disbursement this Period

29.99

Purpose of Disbursement Office supplies

Category/Type

Candidate Name

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:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1420.12

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) Best Buy Mailing Address 1201 South Hayes Street City Alexandria State VA Zip Code 22301 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8060 Date of Disbursement 07 / 30 / 2008 Amount of Each Disbursement this Period 69.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type	

B. Full Name (Last, First, Middle Initial) Cecilia's Restaurant Mailing Address 2619 Columbia Pike City Arlington State VA Zip Code 22204 Purpose of Disbursement Event catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8087 Date of Disbursement 07 / 30 / 2008 Amount of Each Disbursement this Period 1100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type	

C. Full Name (Last, First, Middle Initial) Staples Mailing Address 3301 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305-3044 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8264 Date of Disbursement 07 / 30 / 2008 Amount of Each Disbursement this Period 91.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Category/Type	

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Bryan Spoon

Transaction ID: D8068
Date of Disbursement

Mailing Address 2701 Connecticut Ave NW
Apt 104

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

City Washington State DC Zip Code 20008-5301

Amount of Each Disbursement this Period

1490.00

Purpose of Disbursement Expenses (see below)

Category/Type

Candidate Name

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:

B.

Full Name (Last, First, Middle Initial)
Ragtime

Transaction ID: D8248
Date of Disbursement

Mailing Address 1345 North Courthouse Road

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

City Arlington State VA Zip Code 22201

Amount of Each Disbursement this Period

557.17

Purpose of Disbursement Event catering

Category/Type

Candidate Name

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:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
SAJE Technology

Transaction ID: D8260
Date of Disbursement

Mailing Address 765 Dixon Court

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

City Hoffman Estates State IL Zip Code 60195

Amount of Each Disbursement this Period

515.00

Purpose of Disbursement Telephone expense

Category/Type

Candidate Name

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:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

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

Mailing Address Various stations

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8261
Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 3301 Jefferson Davis Hwy

City Alexandria State VA Zip Code 22305-3044

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: D8265
Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

66.65

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

[MEMO ITEM]

C.

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

Mailing Address 1908 Mount Vernon Ave

City Alexandria State VA Zip Code 22301-1300

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8281
Date of Disbursement

07 / 09 / 2008

Amount of Each Disbursement this Period

4.60

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Business Card

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement
Credit card (see below)

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8074
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

4173.31

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

B.

Full Name (Last, First, Middle Initial)
Barnes & Noble

Mailing Address 3651 Jefferson Davis Hwy

City Alexandria State VA Zip Code 22305-3135

Purpose of Disbursement
Reference materials

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8057
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

151.71

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cafe Milano

Mailing Address 3251 Prospect St NW

City Washington State DC Zip Code 20007-3243

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8077
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

330.38

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

4173.31

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Crowne Plaza Denver

Mailing Address 1450 Glenarm PI

City State Zip Code
Denver CO 80202

Purpose of Disbursement
Democratic Convention/Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8114

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

205.58

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Crowne Plaza Denver

Mailing Address 1450 Glenarm PI

City State Zip Code
Denver CO 80202

Purpose of Disbursement
Democratic Convention/Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8113

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

1059.73

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

[MEMO ITEM]

C.

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

Mailing Address Various Stations

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8147

Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

47.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

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

Mailing Address Various Stations

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8148
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

78.87

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Pines of Italy

Mailing Address 237 N Glebe Rd

City Arlington State VA Zip Code 22203

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8243
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

170.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8288
Date of Disbursement

09 / 09 / 2008

Amount of Each Disbursement this Period

80.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement
Travel/Airfare
Candidate Name

Category/
Type

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

Transaction ID: D8289
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Venice Ristorante

Mailing Address 1700 Wynkoop Street

City Denver State CO Zip Code 80202

Purpose of Disbursement
Democratic convention event food
Candidate Name

Category/
Type

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

Transaction ID: D8295
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Business Card

Mailing Address PO Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement
Credit card (see below)
Candidate Name

Category/
Type

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

Transaction ID: D8075
Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

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

Mailing Address 6655 Old Dominion Drive

City State Zip Code
McLean VA 22101

Purpose of Disbursement
Food for campaign meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8055
Date of Disbursement

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

Amount of Each Disbursement this Period

319.79

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Charlie Palmer Steak House

Mailing Address 101 Constitution Ave NW

City State Zip Code
Washington DC 20001-2133

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8090
Date of Disbursement

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

Amount of Each Disbursement this Period

180.05

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

[MEMO ITEM]

C.

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

Mailing Address Various Stations

City State Zip Code
Arlington VA 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8145
Date of Disbursement

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

Amount of Each Disbursement this Period

72.00

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) ▶

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

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

Mailing Address Various Stations

City Arlington State VA Zip Code 22201

Purpose of Disbursement
Gas

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8146
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

57.01

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Members Dining Room

Mailing Address US CAPITOL

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8163
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

100.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Members Dining Room

Mailing Address US CAPITOL

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
Meal

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8164
Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

116.45

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Members Dining Room	Transaction ID: D8165 Date of Disbursement 07 / 18 / 2008
	Mailing Address US CAPITOL	Amount of Each Disbursement this Period 100.00
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Members Dining Room	Transaction ID: D8227 Date of Disbursement 07 / 18 / 2008
	Mailing Address US CAPITOL	Amount of Each Disbursement this Period 15.30
	City Washington State DC Zip Code 20515-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Palm Restaurant	Transaction ID: D8236 Date of Disbursement 07 / 18 / 2008
	Mailing Address 1750 Tyson's Blvd.	Amount of Each Disbursement this Period 332.43
	City McLean State VA Zip Code 22102	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Meal Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A. Full Name (Last, First, Middle Initial) Business Card <hr/> Mailing Address PO Box 15710 <hr/> City Wilmington State DE Zip Code 19886-5710 <hr/> Purpose of Disbursement Credit card (see below) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8076 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 4984.23
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Barnes & Noble <hr/> Mailing Address 3651 Jefferson Davis Hwy <hr/> City Alexandria State VA Zip Code 22305-3135 <hr/> Purpose of Disbursement Reference materials Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8056 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 183.52
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Colonial Parking <hr/> Mailing Address 101 Union Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Parking Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D8099 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Category/ Type
	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	4984.23
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D8131 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 679.00
	City Atlanta State GA Zip Code 30320-6001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D8130 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 25.00
	City Atlanta State GA Zip Code 30320-6001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Delta Airlines	Transaction ID: D8132 Date of Disbursement 08 / 15 / 2008
	Mailing Address PO Box 20706	Amount of Each Disbursement this Period 25.00
	City Atlanta State GA Zip Code 30320-6001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
	Purpose of Disbursement Travel/Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address PO Box 20706

City Atlanta State GA Zip Code 30320-6001

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8133

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

679.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hunter's Head LC

Mailing Address 9048 John S. Mosby Hwy

City Upperville State VA Zip Code 20184

Purpose of Disbursement

Meal

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8202

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

250.00

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

[MEMO ITEM]

C.

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

Mailing Address 115 King St

City Alexandria State VA Zip Code 22314-3207

Purpose of Disbursement

Meal

Candidate Name

Category/Type

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: D8218

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

212.04

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Members Dining Room

Mailing Address US CAPITOL

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement
Meal

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8226
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

62.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Trump International

Mailing Address One Central Park West

City New York State NY Zip Code 10023

Purpose of Disbursement
Travel/Lodging

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8280
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

734.37

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement
Travel/Airfare

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General Other (specify) ▼

State: District:

Transaction ID: D8290
Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

815.79

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address PO Box 66100

City Chicago State IL Zip Code 60666-0100

Purpose of Disbursement

Travel/Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8291

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

815.79

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hannah B. Margetich

Mailing Address 800 S Saint Asaph St
Apt 301

City Alexandria State VA Zip Code 22314-4361

Purpose of Disbursement

Expenses (see below)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8192

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

478.19

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

C.

Full Name (Last, First, Middle Initial)
House Gift Shop

Mailing Address B217 LONGWORTH HOUSE OFFICE BLDG

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement

Gifts for supporters

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8199

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

261.25

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

478.19

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: D8263 Date of Disbursement 07 / 18 / 2008
	Mailing Address 3301 Jefferson Davis Hwy	Amount of Each Disbursement this Period 90.53
	City Alexandria State VA Zip Code 22305-3044	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office supplies	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Hannah B. Margetich	Transaction ID: D8195 Date of Disbursement 09 / 03 / 2008
	Mailing Address 800 S Saint Asaph St Apt 301	Amount of Each Disbursement this Period 388.01
	City Alexandria State VA Zip Code 22314-4361	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Expenses (see below)	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Costco	Transaction ID: D8112 Date of Disbursement 09 / 03 / 2008
	Mailing Address 1200 S Fern St	Amount of Each Disbursement this Period 100.72
	City Arlington State VA Zip Code 22202-2862	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office supplies	[MEMO ITEM]
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	388.01
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Visa	Transaction ID: D8311 Date of Disbursement 09 / 03 / 2008
	Mailing Address PO Box 8214	Amount of Each Disbursement this Period 2097.53
	City Mason State OH Zip Code 45040	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card (see below)	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Enterprise Leasing Co. of Denver	Transaction ID: D8143 Date of Disbursement 09 / 03 / 2008
	Mailing Address 7720 Calawaba urt	Amount of Each Disbursement this Period 1678.76
	City Denver State CO Zip Code 80249	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Van rentals/Democratic Convention	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Giant Food	Transaction ID: D8188 Date of Disbursement 09 / 03 / 2008
	Mailing Address 3131 Duke St	Amount of Each Disbursement this Period 99.07
	City Alexandria State VA Zip Code 22314-4518	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event food	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	2097.53
TOTAL This Period (last page this line number only)	▶	197093.76

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.	Full Name (Last, First, Middle Initial) Aids Walk Washington	Transaction ID: D8022 Date of Disbursement 09 / 23 / 2008
	Mailing Address 1407 S Street, NW	Amount of Each Disbursement this Period 250.00
	City Washington State DC Zip Code 20009	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Donation Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ELEANOR HOLMES NORTON	Transaction ID: D8094 Date of Disbursement 09 / 29 / 2008
	Mailing Address 2201 Wisconsin Avenue, NW Suite 320	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution Candidate Name Eleanor Holmes Norton Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: D8128 Date of Disbursement 08 / 21 / 2008
	Mailing Address 430 South Capitol Street, SE 2nd Floor	Amount of Each Disbursement this Period 75000.00
	City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Unlimited trans to natl party Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	77250.00
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
DRIEHAUS FOR CONGRESS

Mailing Address 1018 BENZ AVENUE

City CINCINNATI State OH Zip Code 45238

Purpose of Disbursement
Contribution

Candidate Name
Steven Leo Driehaus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 01

Transaction ID: D8139

Date of Disbursement

09 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
Dwight Jones for Mayor

Mailing Address 15 S. 1st Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8140

Date of Disbursement

08 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
Emma Violand-Sanchez for School Board

Mailing Address PO Box 7256

City Arlington State VA Zip Code 22207

Purpose of Disbursement
Non-Federal Contribution

Candidate Name
Emma Violand-Sanchez for School Board

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D8355

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

<p>A. Full Name (Last, First, Middle Initial) FAIRFAX COUNTY DEMOCRATIC COMMITTEE - FEDERAL</p> <p>Mailing Address 2815 Hartland Road</p> <p>City Falls Church State VA Zip Code 22043</p> <p>Purpose of Disbursement Unlimited transfer to party</p> <p>Candidate Name FAIRFAX COUNTY DEMOCRATIC COMMITTEE - FEDERAL</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8149 Date of Disbursement 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 8000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Bill Euille</p> <p>Mailing Address PO Box 25048</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Non-Federal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8166 Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS</p> <p>Mailing Address PO BOX 563</p> <p>City MERRIFIELD State VA Zip Code 22116</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D8187 Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	10250.00
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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
Libby Garvey for School Board

Mailing Address 4264 S. 35th Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: D8219

Date of Disbursement

09 / 19 / 2008

Amount of Each Disbursement this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
PERRIELLO FOR CONGRESS

Mailing Address PO BOX 306

City IVY State VA Zip Code 22945

Purpose of Disbursement
Contribution

Candidate Name
Thomas Louis Price Perriello

Category/
Type

Office Sought: House Senate President

State: VA District: 05

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8241

Date of Disbursement

09 / 08 / 2008

Amount of Each Disbursement this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
SCHAUER FOR CONGRESS

Mailing Address PO BOX 100

City BATTLE CREEK State MI Zip Code 49016

Purpose of Disbursement
Contribution

Candidate Name
Mark Schauer

Category/
Type

Office Sought: House Senate President

State: MI District: 07

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: D8223

Date of Disbursement

09 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

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

SUBTOTAL of Disbursements This Page (optional)

4500.00

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)

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

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NAME OF COMMITTEE (In Full)
Moran for Congress

A.

Full Name (Last, First, Middle Initial)
SLATTERY FOR SENATE

Transaction ID: D8262
Date of Disbursement

Mailing Address BOX 4486

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

City TOPEKA State KS Zip Code 66604

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement Contribution

Category/Type

Candidate Name Jim Slattery

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: KS District: 00

B.

Full Name (Last, First, Middle Initial)
WIN VIRGINIA 2008

Transaction ID: D8328
Date of Disbursement

Mailing Address 102 LAKE COOK DRIVE

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

City ALEXANDRIA State VA Zip Code 22304

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement Contribution

Category/Type

Candidate Name Mark Warner

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: VA District: 00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

98250.00
