

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

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

12FE4M5

Virginia Foxx for Congress

ADDRESS (number and street)

PO Box 2767

Check if different than previously reported. (ACC)

Boone

NC

28607

2. FEC IDENTIFICATION NUMBER

C C00386748

CITY

STATE

ZIP CODE

STATE DISTRICT

NC

05

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 01/01/2015

through

MM/DD/YYYY 03/31/2015

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 William Morgan

Signature of Treasurer William Morgan

[Electronically Filed]

Date

MM/DD/YYYY 05/28/2015

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

Table with 8 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Virginia Foxx for Congress

Report Covering the Period: From: / / To: / /

	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))....	104316.33	120086.58
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	104316.33	120086.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	61247.14	101465.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	46.99	46.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	61200.15	101418.35
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2080978.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Virginia Foxx for Congress

Report Covering the Period: From: / / To: / /

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).....	70760.23	76960.23
(ii) Unitemized.....	8710.00	9880.25
(iii) TOTAL of contributions from individuals ▶	79470.23	86840.48
(b) Political Party Committees.....	0.00	900.00
(c) Other Political Committees (such as PACs).....	24846.10	32346.10
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	104316.33	120086.58
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.)	46.99	46.99
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	950.83	1701.38
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	105314.15	121834.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	61247.14	101465.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	61247.14	101465.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2036911.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	105314.15
25. SUBTOTAL (add Line 23 and Line 24).....	2142225.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	61247.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2080978.72

**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 5 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
DR. JEFFREY S. ARMSTRONG

Mailing Address 1417 KEY BOULEVARD, APT. 407

City	State	Zip Code
ARLINGTON	VA	22209-1524

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

Name of Employer	Occupation
FINANCE SCHOLARS GROUP	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11.16275

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LEONARD J. ARONSON

Mailing Address 210 KENT RD

City	State	Zip Code
WABAN	MA	02468-1108

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

Name of Employer	Occupation
INFORMATION REQUESTED PER BEST EFFC	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11.16309

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LESLIE M. BAKER JR.

Mailing Address 2034 BUENA VISTA ROAD

City	State	Zip Code
WINSTON SALEM	NC	27104-2306

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

Name of Employer	Occupation
WACHOVIA BANK	FORMER PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2015

Transaction ID : SA11.16278

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. TAYLOR E. BARROW III

Mailing Address 5306 SEQUOIA COURT

City Greensboro State NC Zip Code 27455-2184

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

Name of Employer BARROW CONSTRUCTION, INC Occupation EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11.16301

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ZACK W. BLACKMON SR

Mailing Address 1109 PARK DRIVE

City Mount Airy State NC Zip Code 27030-5245

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

Name of Employer Retired Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.16332

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DOYCE A. BOESCH

Mailing Address 4515 W ST NW

City Washington State DC Zip Code 20007-1513

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

Name of Employer STRATEGIC HEALTH CARE Occupation LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2015

Transaction ID : SA11.16184

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

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

750.00

**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 7 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. HORACE P. BONDURANT JR

Mailing Address 194 GREENBRIDGE DRIVE

City MOUNT AIRY State NC Zip Code 27030-9222

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

Name of Employer MOUNT AIRY OIL COMPANY, INC Occupation CEO & PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2015

Transaction ID : SA11.16266

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BLAN BOTTOMLEY

Mailing Address GLADE CREEK DAIRY
5071 GLADE VALLEY ROAD

City ENNICE State NC Zip Code 28623-9139

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

Name of Employer BOTTOMLEY EVERGREENS & FARMS Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11.16254

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RALPH C. BROWN SR

Mailing Address 528 INNSBROOK DRIVE

City STATESVILLE State NC Zip Code 28625-4679

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11.16251

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

4950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. RALPH C. BROWN SR

Mailing Address 528 INNSBROOK DRIVE

City Statesville State NC Zip Code 28625-4679

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2015

Transaction ID : SA11.16453

Amount of Each Receipt this Period
 2300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD K. BRYANT

Mailing Address 3328 LANDOR ROAD

City Raleigh State NC Zip Code 27609-7013

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

Name of Employer CAPITAL INVESTMENT COMPANIES Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2015

Transaction ID : SA11.16286

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES R. BULLOCK JR

Mailing Address 3224 FORSYTH DRIVE

City Greensboro State NC Zip Code 27407-7222

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

Name of Employer ENVIRONMENTAL AIR SYSTEMS Occupation CHIEF EXECUTIVE OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015

Transaction ID : SA11.16230

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. CONLEY N. CALL

Mailing Address **P.O. BOX 1133**

City **NORTH WILKESBORO** State **NC** Zip Code **28659-1133**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.16318

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PAUL A. DE GIUSTI

Mailing Address **2250 CLARENDON BLVD.
APT 1425**

City **ARLINGTON** State **VA** Zip Code **22201-3344**

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

Name of Employer **CORINTHIAN COLLEGES, INC.** Occupation **VP, GOV'T AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16208

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS H. DORSETT JR

Mailing Address **2720 TODD DRIVE**

City **YADKINVILLE** State **NC** Zip Code **27055-5735**

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

Name of Employer **DORSETT'S TECHNOLOGIES, INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11.16223

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. LAWRENCE D. EARLE

Mailing Address 15610 CLOUD TOP

City SAN ANTONIO State TX Zip Code 78248-1349

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

Name of Employer CAREER POINT INSTITUTE Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2015

Transaction ID : SA11.16217

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. J. BRAD EDWARDS

Mailing Address 403 LLOYDS LANE

City ALEXANDRIA State VA Zip Code 22302-3712

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

Name of Employer JENKINS HILL CONSULTING, LLC Occupation MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11.16201

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS W. FRANK

Mailing Address 251 ARCHIE LANE

City LEXINGTON State NC Zip Code 27295-9646

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

Name of Employer COMMSCOPE Occupation FEDERAL SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.16316

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3250.00

**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 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. SETH A. GELBER

Mailing Address 11 PARKER TER

City State Zip Code
NEWTON MA 02459-2723

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

Name of Employer Occupation
FIRST MARBLEHEAD CORPORATION MGR DIRECTOR/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11.16277

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SETH A. GELBER

Mailing Address 11 PARKER TER

City State Zip Code
NEWTON MA 02459-2723

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

Name of Employer Occupation
FIRST MARBLEHEAD CORPORATION MGR DIRECTOR/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2015

Transaction ID : SA11.16454

Amount of Each Receipt this Period
2700.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM D. GORELICK

Mailing Address 4028 SILVER BELL DRIVE

City State Zip Code
CHARLOTTE NC 28211-4436

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

Name of Employer Occupation
GORELICK BROTHERS CAPITAL MONEY MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.16289

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

5650.00

**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 12 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT J. GREEN

Mailing Address 8026 PARK OVERLOOK DR

City State Zip Code
BETHESDA MD 20817-2724

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NATIONAL COUNCIL OF CHAIN RESTAURAN EXECUTIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.16207

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDWARD E. HADDOCK JR

Mailing Address 3300 UNIVERSITY BLVD.
SUITE 218

City State Zip Code
WINTER PARK FL 32792-7435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FULL SAIL UNIVERSITY CO-CHAIRMAN, CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.16313

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD E. HADDOCK JR

Mailing Address 3300 UNIVERSITY BLVD.
SUITE 218

City State Zip Code
WINTER PARK FL 32792-7435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FULL SAIL UNIVERSITY CO-CHAIRMAN, CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.16455

Amount of Each Receipt this Period

CONTRIBUTION

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

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 13 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. ROBERT L. HANDY

Mailing Address **637 ELLEDGE MILL ROAD**

City **NORTH WILKESBORO** State **NC** Zip Code **28659-9221**

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

Name of Employer **ROBERT HANDY CAMPING CENTER** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11.16304

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY L. HAROLD

Mailing Address **PO BOX 1545**

City **MOUNT AIRY** State **NC** Zip Code **27030-1545**

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

Name of Employer **H&W TRUCKING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.16282

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD F. HOHLT

Mailing Address **7901 KENT RD**

City **ALEXANDRIA** State **VA** Zip Code **22308-1328**

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

Name of Employer **HOHLT AND ASSOCIATES** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16206

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 63
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR AND MRS F. RANDALL HOLBROOK
 Mailing Address 3176 AUSTIN TRAPHILL ROAD
 City State Zip Code
 ELKIN NC 28621-9308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SOUTHEASTERN CARS & PARTS PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015
Transaction ID : SA11.16317
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOEL D. HOLLANDER
 Mailing Address 5020 BROOKMERE LN
 City State Zip Code
 WINSTON SALEM NC 27106-4779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PRE-EMINENCE STRATEGY GROUP, INC. PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 11 / 2015
Transaction ID : SA11.16235
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRADLEY COLEMAN JONES
 Mailing Address 19602 WOODLAND MANOR PL
 City State Zip Code
 LUTZ FL 33549-9398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PARAMOUNT POWER, INC. OWNER
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015
Transaction ID : SA11.16204
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. DONALD C. JONES

Mailing Address **96271 SOAP CREEK DRIVE**

City **FERNANDINA BEACH** State **FL** Zip Code **32034-2662**

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

Name of Employer **SUNSTATE COLLEGE** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16202

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GREGORY H. JONES

Mailing Address **7357 TRAILS END**

City **JACKSONVILLE** State **FL** Zip Code **32277-2266**

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

Name of Employer **SUNSTATE COLLEGE** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16210

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LEZLIE JONES

Mailing Address **19602 Woodland Manor Place**

City **Lutz** State **FL** Zip Code **33549-**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16467

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

**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 16 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MRS. SHARON JONES

Mailing Address 96271 Soap Creek Drive

City FERDANDINA BEACH State FL Zip Code 32034-

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16468

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. TRACEY JONES

Mailing Address 7357 Trails End

City Jacksonville State FL Zip Code 32277-

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11.16466

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GILSON J. KINGMAN

Mailing Address 223 OAKMONT DRIVE

City ADVANCE State NC Zip Code 27006-7283

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

Name of Employer FORSYTH PLASTIC SURGICAL ASSOCIATES Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA11.16270

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MS. KRISTIAN D. KRAWFORD

Mailing Address 7030 INTERLAKEN DR

City State Zip Code
KERNERSVILLE NC 27284-6332

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

Name of Employer Occupation
PRIME CAPITAL GROUP LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 11 / 2015

Transaction ID : SA11.16170

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES M. LEWIS

Mailing Address PO BOX 1826

City State Zip Code
MOUNT AIRY NC 27030-6826

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1910.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.16242

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES M. LEWIS

Mailing Address PO BOX 1826

City State Zip Code
MOUNT AIRY NC 27030-6826

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1910.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11.16348

Amount of Each Receipt this Period
910.23
CONTRIBUTION

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

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

2160.23

**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 18 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MARIA COLL LUDDY

Mailing Address 4641 PARAGON PARK RD

City RALEIGH State NC Zip Code 27616-3406

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11.16218

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT L. LUDDY

Mailing Address 7308 SPYGLASS WAY

City RALEIGH State NC Zip Code 27615-5470

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

Name of Employer CAPTIVE AIRE Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11.16219

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STAN MARION

Mailing Address 476 MONTCLAIRE DRIVE

City MOUNT AIRY State NC Zip Code 27030-6781

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

Name of Employer PIKE POWER Occupation VP, WEST REGION T&D

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11.16324

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

6400.00

**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 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN F. MARSHALL

Mailing Address 136 MOORINGS PARK DRIVE, P-502

City State Zip Code
NAPLES FL 34105-2995

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11.16305

Amount of Each Receipt this Period
300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN A. MASELLI

Mailing Address 529 KNOBVIEW DRIVE

City State Zip Code
WINSTON SALEM NC 27104-5141

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA11.16255

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GRAHAM T. MOORE JR

Mailing Address 3316 QUARRY DRIVE

City State Zip Code
FAYETTEVILLE NC 28303-4621

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

Name of Employer Occupation
BARNHILL CONTRACTING ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 12 / 2015

Transaction ID : SA11.16245

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

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

800.00

**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 20 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
DR. THERON D. NELSEN

Mailing Address **PO BOX 272**

City **LIBERTY LAKE** State **WA** Zip Code **99019-0272**

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

Name of Employer **NELSEN ENTERPRISES INC** Occupation **DISTRIBUTION**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 13 / 2015

Transaction ID : SA11.16253

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN C. PATTON

Mailing Address **4414 TOWN AND COUNTRY DRIVE**

City **CHARLOTTE** State **NC** Zip Code **28226-6311**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11.16274

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. PERRIN

Mailing Address **1253 RITTENHOUSE LANE**

City **ROCK HILL** State **SC** Zip Code **29732-7424**

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

Name of Employer **WILLIAMS AND FUDGE, INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.16296

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

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

650.00

**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 21 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MONICA PERRY

Mailing Address 3633 TUXEDO RD NW

City ATLANTA State GA Zip Code 30305-1015

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11.16350

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MONICA PERRY

Mailing Address 3633 TUXEDO RD NW

City ATLANTA State GA Zip Code 30305-1015

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : SA11.16351

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. VICTOR A. PERRY III

Mailing Address 3633 TUXEDO ROAD, NW

City ATLANTA State GA Zip Code 30305-1015

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11.16260

Amount of Each Receipt this Period
 2700.00
 CONTRIBUTION

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 22 OF 63
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. VICTOR A. PERRY III

Mailing Address **3633 TUXEDO ROAD, NW**

City **ATLANTA** State **GA** Zip Code **30305-1015**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : SA11.16261

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM GERHARD PILCHER

Mailing Address **2113 PINE RIDGE ROAD**

City **MOUNT AIRY** State **NC** Zip Code **27030-7763**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : SA11.16314

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. F. EUGENE REES JR

Mailing Address **208 MOORE AVE**

City **MOUNT AIRY** State **NC** Zip Code **27030-3818**

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

Name of Employer **REES CLOTHING CO** Occupation **CLOTHING STORE OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11.16345

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

3450.00

**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 23 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MRS. MICHELLE RIPPON

Mailing Address **11 CREEKSIDE VIEW DRIVE**

City **ASHEVILLE** State **NC** Zip Code **28804-8812**

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

Name of Employer **CONSTANGY BROOKS & SMITH** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 29 / 2015

Transaction ID : SA11.16183

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CLARENCE E. ROSEMAN JR

Mailing Address **207 5TH STREET PLACE, NE**

City **CONOVER** State **NC** Zip Code **28613-1626**

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

Name of Employer **C.R. LAINE FURNITURE COMPANY** Occupation **CHIEF EXECUTIVE OFFICER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 19 / 2015

Transaction ID : SA11.16272

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ANDREW E. SABIN

Mailing Address **SABIN METAL CORP
300 PANTIGO PL STE 102**

City **EAST HAMPTON** State **NY** Zip Code **11937-2630**

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

Name of Employer **SABIN METAL CORPORATION** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11.16240

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

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

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

3950.00

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

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

FOR LINE NUMBER: PAGE 24 OF 63
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. ANDREW E. SABIN

Mailing Address **SABIN METAL CORP**
300 PANTIGO PL STE 102

City **EAST HAMPTON** State **NY** Zip Code **11937-2630**

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

Name of Employer **SABIN METAL CORPORATION** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11.16241

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD R. SIBILA

Mailing Address **2151 CARLYLE ST NE**

City **MASSILLON** State **OH** Zip Code **44646-2588**

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

Name of Employer **PEOPLES SERVICES INC.** Occupation **CHAIRMAN OF THE BOARD**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11.16276

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN J. SPRINGTHORPE III

Mailing Address **269 CROSSINGHAM ROAD**

City **MOUNT AIRY** State **NC** Zip Code **27030-9223**

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

Name of Employer **SOUTHDATA INCORPORATED** Occupation **COMPUTER ANALYST, OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11.16326

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. CAMPBELL STEWARD

Mailing Address **65 ASBURY STREET**

City **TOPSFIELD** State **MA** Zip Code **01983-1501**

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

Name of Employer **Retired** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11.16344

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID J. SUSSMAN

Mailing Address **33 CAVALRY ROAD**

City **WESTPORT** State **CT** Zip Code **06880-1402**

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

Name of Employer **PFP SERVICES** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA11.16336

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT I. THOMPSON

Mailing Address **10 NORTH FRONT STREET**

City **WORMLEYSBURG** State **PA** Zip Code **17043-1300**

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

Name of Employer **RITE AID** Occupation **EXECUTIVE VICE PRESIDENT, PHARMACY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : SA11.16257

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
DR. VURAL ULUER

Mailing Address 4020 GALT OCEAN DR
APT. 1605

City State Zip Code
FORT LAUDERDALE FL 33308-6535

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC DOCTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : SA11.16196

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN VIN WEBER

Mailing Address 7701 RIDGECREST DRIVE

City State Zip Code
ALEXANDRIA VA 22308-1052

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

Name of Employer Occupation
MERCURY PUBLIC AFFAIRS PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11.16233

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JERRY W. WEST

Mailing Address 151 ST. GEORGE PLACE

City State Zip Code
ADVANCE NC 27006-8542

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

Name of Employer Occupation
Retired RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11.16238

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

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

1250.00

**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 27 OF 63
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN W. WILLINGHAM

Mailing Address 164 FESCUE DR

City State Zip Code
ADVANCE NC 27006-9590

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

Name of Employer Occupation
INDERA MILLS COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2015

Transaction ID : SA11.16237

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. EDWIN M. WOLTZ SR

Mailing Address 334 BEECHTREE CIR

City State Zip Code
MOUNT AIRY NC 27030-9796

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2015

Transaction ID : SA11.16281

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HOWARD O. WOLTZ III

Mailing Address 375 MONTCLAIRE DRIVE

City State Zip Code
MOUNT AIRY NC 27030-6367

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

Name of Employer Occupation
INSTEEL INDUSTRIES CHIEF EXECUTIVE OFFICER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.16315

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

2500.00

70760.23

**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 28 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
AT&T FEDERAL PAC

Mailing Address 1133 21ST STREET, NW
SUITE 900

City WASHINGTON State DC Zip Code 20036-3333

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2015

Transaction ID : SA11.16312

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRINKER INTERNATIONAL, INC. PAC

Mailing Address 6820 LBJ FREEWAY

City DALLAS State TX Zip Code 75240-6511

FEC ID number of contributing federal political committee. **C C00241851**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 25 / 2015

Transaction ID : SA11.16186

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAREER EDUCATION CORPORATION PAC

Mailing Address P.O. BOX 77693

City WASHINGTON State DC Zip Code 20013-8693

FEC ID number of contributing federal political committee. **C C00461574**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2015

Transaction ID : SA11.16179

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

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

Mailing Address 1425 K STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20005-3685

FEC ID number of contributing federal political committee. **C C00148031**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.16321

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE VICTORY FUND

Mailing Address PO BOX 15245

City WASHINGTON State DC Zip Code 20003-0245

FEC ID number of contributing federal political committee. **C C00009704**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
346.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 03 / 2015

Transaction ID : SA11.16193

Amount of Each Receipt this Period
346.10
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COREPAC (CORNING INCORPORATED EMPLOYEES PAC)

Mailing Address 1350 I STREET NW
SUITE 500

City WASHINGTON State DC Zip Code 20005-3379

FEC ID number of contributing federal political committee. **C C00033589**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : SA11.16194

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

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

3846.10

**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 30 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. CREDIT UNION LEGISLATIVE ACTION COUNCIL (CULAC)

Full Name (Last, First, Middle Initial)
Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BLDG., SUITE 600

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11.16306

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

B. EDUCATION MANAGEMENT CORP. EMPLOYEE PAC/EDMC EDU PAC

Full Name (Last, First, Middle Initial)
Mailing Address 210 SIXTH AVENUE, 33RD FLOOR

City PITTSBURGH State PA Zip Code 15222-2602

FEC ID number of contributing federal political committee. **C C00466169**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2015

Transaction ID : SA11.16187

Amount of Each Receipt this Period
CONTRIBUTION
500.00

C. EXXON MOBIL CORPORATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 5959 LAS COLINAS BOULEVARD

City IRVING State TX Zip Code 75039-4202

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA11.16214

Amount of Each Receipt this Period
CONTRIBUTION
1000.00

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

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

2500.00

**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 31 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. FARM CREDIT PAC

Full Name (Last, First, Middle Initial)
FARM CREDIT PAC

Mailing Address **50 F STREET, NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20001-1530**

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA11.16216

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. GENERAL ELECTRIC PAC (GEPAC)

Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC (GEPAC)

Mailing Address **1299 PENNSYLVANIA AVENUE, NW
SUITE 900**

City **WASHINGTON** State **DC** Zip Code **20004-2414**

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 09 / 2015

Transaction ID : SA11.16215

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. GOODYEAR GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)
GOODYEAR GOOD GOVERNMENT FUND

Mailing Address **1144 EAST MARKET STREET**

City **AKRON** State **OH** Zip Code **44316-1001**

FEC ID number of contributing federal political committee. **C C00100131**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 17 / 2015

Transaction ID : SA11.16265

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3000.00

**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 32 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
LOWPAC LOWES COMPANIES INC. PAC

Mailing Address 1000 LOWES BOULEVARD

City MOORESVILLE State NC Zip Code 28117-8520

FEC ID number of contributing federal political committee. **C C00251751**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11.16211

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL COURT REPORTERS ASSOCIATION(NCRA) PAC

Mailing Address 8224 OLD COURTHOUSE ROAD

City VIENNA State VA Zip Code 22182-3808

FEC ID number of contributing federal political committee. **C C00146506**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11.16192

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NELNET HIGHER EDUCATION ACCESS PAC

Mailing Address 1050 CONNECTICUT AVE, NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20036-5334

FEC ID number of contributing federal political committee. **C C00370015**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2015

Transaction ID : SA11.16212

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

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

3500.00

**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 33 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

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

Mailing Address 500 EIGHTH STREET, NW
SUITE 210

City WASHINGTON State DC Zip Code 20004-2131

FEC ID number of contributing federal political committee. **C** C00104083

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2015

Transaction ID : SA11.16191

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOMORROW IS MEANINGFUL PAC-TIM PAC

Mailing Address POST OFFICE BOX 347

City HAYMARKET State VA Zip Code 20168-0347

FEC ID number of contributing federal political committee. **C** C00495887

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2015

Transaction ID : SA11.16220

Amount of Each Receipt this Period
 2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TURKISH COALITION USA PAC

Mailing Address 1025 CONNECTICUT AVENUE, NW
SUITE 1000

City WASHINGTON State DC Zip Code 20036-5417

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2015

Transaction ID : SA11.16195

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

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

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

5500.00

**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 34 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
TURKISH COALITION USA PAC

Mailing Address 1025 CONNECTICUT AVENUE, NW
SUITE 1000

City WASHINGTON State DC Zip Code 20036-5417

FEC ID number of contributing federal political committee. **C C00432526**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 17 / 2015

Transaction ID : SA11.16264

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UPSPAC

Mailing Address 316 PENNSYLVANIA AVE, SE SUITE 300

City WASHINGTON State DC Zip Code 20003-1173

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2015

Transaction ID : SA11.16300

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VEN-PAC (VENABLE PAC)

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883-3142

FEC ID number of contributing federal political committee. **C C00369660**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.16248

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

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

3500.00

24846.10

**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 35 OF 63
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. Full Name (Last, First, Middle Initial)
TRULIANT

Mailing Address **4100 CLEMMONS ROAD**

City **CLEMMENS** State **NC** Zip Code **27012**

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date **1314.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2015

Transaction ID : SA15.210

Amount of Each Receipt this Period
914.09
 INTEREST EARNED

B. Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

914.09

914.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. MS. JEAN R. DONALDSON			Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015	
Mailing Address 142 SOUTH SLOPE RD			Amount of Each Disbursement this Period 652.50	
City BANNER ELK	State NC	Zip Code 28604	Transaction ID : SB17.I215	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. MS. JEAN R. DONALDSON			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015	
Mailing Address 142 SOUTH SLOPE RD			Amount of Each Disbursement this Period 2445.00	
City BANNER ELK	State NC	Zip Code 28604	Transaction ID : SB17.I34	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type N/A		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CONSULTING DEC, 2014	
State: District:				

Full Name (Last, First, Middle Initial) C. MS. JEAN R. DONALDSON			Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015	
Mailing Address 142 SOUTH SLOPE RD			Amount of Each Disbursement this Period 900.00	
City BANNER ELK	State NC	Zip Code 28604	Transaction ID : SB17.I79	
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3997.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. AARON GROEN		Date of Disbursement MM / DD / YYYY 02 / 25 / 2015
Mailing Address 150 OLD FORGE CT		Amount of Each Disbursement this Period 700.00 Transaction ID : SB17.I137
City SPARKS	State MD	
Zip Code 21152	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. AARON GROEN		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 150 OLD FORGE CT		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.I138
City SPARKS	State MD	
Zip Code 21152	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. AARON GROEN		Date of Disbursement MM / DD / YYYY 03 / 31 / 2015
Mailing Address 150 OLD FORGE CT		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.I176
City SPARKS	State MD	
Zip Code 21152	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. AARON GROEN		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 150 OLD FORGE CT		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.I80
City SPARKS	State MD	
Zip Code 21152	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. EVAN HANDY		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 5922 SPARTA ROAD		Amount of Each Disbursement this Period 1045.87 Transaction ID : SB17.I107
City NORTH WILKESBORO	State NC	
Zip Code 28659	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. EVAN HANDY		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 5922 SPARTA ROAD		Amount of Each Disbursement this Period 1045.88 Transaction ID : SB17.I136
City NORTH WILKESBORO	State NC	
Zip Code 28659	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2841.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. EVAN HANDY		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 5922 SPARTA ROAD		Amount of Each Disbursement this Period 1045.87 Transaction ID : SB17.I177
City NORTH WILKESBORO	State NC Zip Code 28659	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MR. JAMES M. LEWIS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO BOX 1826		Amount of Each Disbursement this Period 910.23 Transaction ID : SB17.16348
City MOUNT AIRY	State NC Zip Code 27030-6826	
Purpose of Disbursement IN-KIND CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. JAMES SKOTTHY		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 399 BREMAN GARDEN DR		Amount of Each Disbursement this Period 3166.66 Transaction ID : SB17.I104
City LEXINGTON	State NC Zip Code 27295	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5122.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. JAMES SKOTTHY		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 399 BREMAN GARDEN DR		Amount of Each Disbursement this Period 1316.70
City LEXINGTON State NC Zip Code 27295	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. JAMES SKOTTHY		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2015
Mailing Address 399 BREMAN GARDEN DR		Amount of Each Disbursement this Period 1316.71
City LEXINGTON State NC Zip Code 27295	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type 001	Transaction ID : SB17.I81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. HON. VIRGINIA FOXX		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 11468 NC-105		Amount of Each Disbursement this Period 214.95
City BANNER ELK State NC Zip Code 28604	Purpose of Disbursement TRAVEL	
Candidate Name	Category/Type 002	Transaction ID : SB17.I106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		TRAVEL EXPENSE REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional).....	2848.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES			Date of Disbursement MM / DD / YYYY 02 / 04 / 2015		
Mailing Address 1101 17TH ST NW			Amount of Each Disbursement this Period 852.10		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : SB17.I202		
Purpose of Disbursement TRAVEL		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. ANEDOT			Date of Disbursement MM / DD / YYYY 02 / 26 / 2015		
Mailing Address 5555 HILTON AVE STE 106			Amount of Each Disbursement this Period 115.35		
City BATON ROUGE	State LA	Zip Code 70808	Transaction ID : SB17.I208		
Purpose of Disbursement DATA PROCESSING SERVICES		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. ANEDOT			Date of Disbursement MM / DD / YYYY 03 / 13 / 2015		
Mailing Address 5555 HILTON AVE STE 106			Amount of Each Disbursement this Period 231.30		
City BATON ROUGE	State LA	Zip Code 70808	Transaction ID : SB17.I209		
Purpose of Disbursement DATA PROCESSING SERVICES		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	1198.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. BRUSHY MOUNTAIN SMOKEHOUSE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address PO BOX 999		Amount of Each Disbursement this Period 244.38
City WILKESBORO State NC Zip Code 28697	Purpose of Disbursement FOOD/BEVERAGE	
Candidate Name		Transaction ID : SB17.I199
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. C & K PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 212 LEAGUE TOWN RD		Amount of Each Disbursement this Period 495.00
City TAYLORSVILLE State NC Zip Code 28681	Purpose of Disbursement RENT	
Candidate Name		Transaction ID : SB17.I139
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. C & K PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 212 LEAGUE TOWN RD		Amount of Each Disbursement this Period 495.00
City TAYLORSVILLE State NC Zip Code 28681	Purpose of Disbursement RENT	
Candidate Name		Transaction ID : SB17.I173
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1234.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. C & K PROPERTIES		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 212 LEAGUE TOWN RD		Amount of Each Disbursement this Period 495.00 Transaction ID : SB17.I87
City TAYLORSVILLE	State NC Zip Code 28681	
Purpose of Disbursement RENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 300 FIRST ST		Amount of Each Disbursement this Period 109.66 Transaction ID : SB17.I83
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement FOOD/BEVERAGE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAROLINA WEST WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 1307 CURTIS RIDGE RD		Amount of Each Disbursement this Period 199.14 Transaction ID : SB17.I134
City WILKESBORO	State NC Zip Code 28697	
Purpose of Disbursement PHONE EXPENSE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	803.80
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)	PAGE 44 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. CAROLINA WEST WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2015
Mailing Address 1307 CURTIS RIDGE RD		Amount of Each Disbursement this Period 288.45 Transaction ID : SB17.I135
City WILKESBORO	State NC	
Zip Code 28697	Purpose of Disbursement PHONE SVC	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CAROLINA WEST WIRELESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 1307 CURTIS RIDGE RD		Amount of Each Disbursement this Period 204.41 Transaction ID : SB17.I166
City WILKESBORO	State NC	
Zip Code 28697	Purpose of Disbursement PHONE SVC	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CATAWBA DIRECT MARKETING		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1215 15TH ST		Amount of Each Disbursement this Period 2442.07 Transaction ID : SB17.I162
City HICKORY	State NC	
Zip Code 28601	Purpose of Disbursement PRINTING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2834.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)
A. CHARTER COMMUNICATIONS

Mailing Address P.O. BOX 742600

City CINCINNATI State OH Zip Code 45274

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2015

Amount of Each Disbursement this Period: 80.00

Transaction ID : SB17.I204

Full Name (Last, First, Middle Initial)
B. CHARTER COMMUNICATIONS

Mailing Address P.O. BOX 742600

City CINCINNATI State OH Zip Code 45274

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 14 / 2015

Amount of Each Disbursement this Period: 179.00

Transaction ID : SB17.I24

INTERNET

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

Mailing Address P.O. BOX 742600

City CINCINNATI State OH Zip Code 45274

Purpose of Disbursement SUBSCRIPTIONS

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 22 / 2015

Amount of Each Disbursement this Period: 80.00

Transaction ID : SB17.I90

SUBTOTAL of Disbursements This Page (optional) 339.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		13		2015
M M	/	D D	/	Y Y Y Y								
01		13		2015								
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period										
City TYSONS CORNER	State VA Zip Code 22182											
Purpose of Disbursement DATA PROCESSING SERVICES	Category/Type	<table border="1"> <tr> <td>798.00</td> </tr> </table>	798.00									
798.00												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I119										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y								
03		13		2015								
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period										
City TYSONS CORNER	State VA Zip Code 22182											
Purpose of Disbursement DATA PROCESSING SERVICES	Category/Type	<table border="1"> <tr> <td>798.00</td> </tr> </table>	798.00									
798.00												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I165										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. CMDI		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		13		2015
M M	/	D D	/	Y Y Y Y								
02		13		2015								
Mailing Address 1593 SPRING HILL ROAD SUITE 400		Amount of Each Disbursement this Period										
City TYSONS CORNER	State VA Zip Code 22182											
Purpose of Disbursement DATA PROCESSING SERVICES	Category/Type	<table border="1"> <tr> <td>798.00</td> </tr> </table>	798.00									
798.00												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I27										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:		DATA MANAGEMENT- JAN./2015										

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>2394.00</td> </tr> </table>	2394.00
2394.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. CONGRESSIONAL INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1001 N FAIRFAX		Amount of Each Disbursement this Period 1180.26
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement REGISTRATION FEE	Transaction ID : SB17.I77
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address DATA OPERATIONS CENTER		Amount of Each Disbursement this Period 263.76
City WILKES-BARRE	State PA	
Zip Code 18769	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I111
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address DATA OPERATIONS CENTER		Amount of Each Disbursement this Period 263.74
City WILKES-BARRE	State PA	
Zip Code 18769	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I127
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1707.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)
A. INTERNAL REVENUE SERVICE

Mailing Address DATA OPERATIONS CENTER

City WILKES-BARRE State PA Zip Code 18769

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 15 / 2015

Amount of Each Disbursement this Period: 398.40

Transaction ID : SB17.I179

Full Name (Last, First, Middle Initial)
B. INTERNAL REVENUE SERVICE

Mailing Address DATA OPERATIONS CENTER

City WILKES-BARRE State PA Zip Code 18769

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 02 / 2015

Amount of Each Disbursement this Period: 398.39

Transaction ID : SB17.I205

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

Mailing Address 827 WEST KING STREET

City BOONE State Zip Code 28607

Purpose of Disbursement FURNITURE PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 09 / 2015

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.I159

SUBTOTAL of Disbursements This Page (optional) 1196.79

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)
A. MAILCHIMP

Mailing Address 512 MEANS ST

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement LIST MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 24 / 2015

Amount of Each Disbursement this Period: 235.00

Transaction ID : SB17.I109

Full Name (Last, First, Middle Initial)
B. MAILCHIMP

Mailing Address 512 MEANS ST

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement LIST MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2015

Amount of Each Disbursement this Period: 235.00

Transaction ID : SB17.I170

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

Mailing Address 512 MEANS ST

City ATLANTA State GA Zip Code 30318

Purpose of Disbursement LIST MANAGEMENT SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 26 / 2015

Amount of Each Disbursement this Period: 235.00

Transaction ID : SB17.I88

SUBTOTAL of Disbursements This Page (optional) 705.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. MINI WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 241 FRANCIS		Amount of Each Disbursement this Period 53.00
City MANFIELD	State MA	
Zip Code 02048	Purpose of Disbursement Facility Rental	Transaction ID : SB17.I142
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. MINI WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 241 FRANCIS		Amount of Each Disbursement this Period 53.00
City MANFIELD	State MA	
Zip Code 02048	Purpose of Disbursement MAINTENANCE	Transaction ID : SB17.I171
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MINI WAREHOUSE		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 241 FRANCIS		Amount of Each Disbursement this Period 53.00
City MANFIELD	State MA	
Zip Code 02048	Purpose of Disbursement FACILITY RENTAL	Transaction ID : SB17.I186
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	159.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. MORGAN, MEREDITH, AND ASSOC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 22780 INDIAN CREEK DRIVE STE. 100		Amount of Each Disbursement this Period 3700.00
City DULLES State VA Zip Code 20166	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. MORGAN, MEREDITH, AND ASSOC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address 22780 INDIAN CREEK DRIVE STE. 100		Amount of Each Disbursement this Period 2131.62
City DULLES State VA Zip Code 20166	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I164
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. MORGAN, MEREDITH, AND ASSOC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 22780 INDIAN CREEK DRIVE STE. 100		Amount of Each Disbursement this Period 4687.53
City DULLES State VA Zip Code 20166	Purpose of Disbursement POLITICAL STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10519.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. NOSSAMAN		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 1666 K ST, NW STE 500		Amount of Each Disbursement this Period 1725.00
City WASHINGTON	State DC Zip Code 20006	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	Transaction ID : SB17.I102
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. NOSSAMAN, LLP		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 1666 K ST, NW STE 500		Amount of Each Disbursement this Period 2700.00
City WASHINGTON	State DC Zip Code 20009	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	Transaction ID : SB17.I174
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2015
Mailing Address 3060 WILLIAMS DR		Amount of Each Disbursement this Period 125.18
City FAIRFAX	State VA Zip Code 22031	
Purpose of Disbursement PAYROLL SVC	Category/Type	Transaction ID : SB17.I101
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4550.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 3060 WILLIAMS DR		Amount of Each Disbursement this Period 213.73
City FAIRFAX	State VA	
Zip Code 22031	Purpose of Disbursement PAYROLL SVC	Transaction ID : SB17.I108
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 3060 WILLIAMS DR		Amount of Each Disbursement this Period 56.48
City FAIRFAX	State VA	
Zip Code 22031	Purpose of Disbursement PAYROLL SVC	Transaction ID : SB17.I85
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 3060 WILLIAMS DR		Amount of Each Disbursement this Period 84.00
City FAIRFAX	State VA	
Zip Code 22031	Purpose of Disbursement PAYROLL SVC	Transaction ID : SB17.I92
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	354.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial)
A. PREMIERE COLLECTIBLES

Mailing Address 109 SHINGLE WAY

City FRANKLIN State TN Zip Code 37067

Purpose of Disbursement MARKETING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 16 / 2015

Amount of Each Disbursement this Period: 354.40

Transaction ID : SB17.I105

Category/Type: 007

Full Name (Last, First, Middle Initial)
B. SHADELINE LP

Mailing Address 895 STATE RD 1521 SUITE 210

City BOONE State NC Zip Code 28607

Purpose of Disbursement RENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 01 / 28 / 2015

Amount of Each Disbursement this Period: 7200.00

Transaction ID : SB17.I76

Category/Type: N/A

1 YR RENT

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

Mailing Address PO BOX 759

City WEST JEFFERSON State NC Zip Code 28694

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2015

Amount of Each Disbursement this Period: 140.95

Transaction ID : SB17.I113

Category/Type:

SUBTOTAL of Disbursements This Page (optional)..... 7695.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

A. SKYLINE TELEPHONE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 759

City WEST JEFFERSON State NC Zip Code 28694

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2015

Amount of Each Disbursement this Period: 155.25

Transaction ID : SB17.I120

B. SKYLINE TELEPHONE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 759

City WEST JEFFERSON State NC Zip Code 28694

Purpose of Disbursement PHONE SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 02 / 2015

Amount of Each Disbursement this Period: 171.16

Transaction ID : SB17.I163

C. STAPLES OFFICE SUPPLY

Full Name (Last, First, Middle Initial)
Mailing Address 1275 BLOWING ROCK RD

City BOONE State NC Zip Code 28607

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2015

Amount of Each Disbursement this Period: 181.45

Transaction ID : SB17.I114

SUBTOTAL of Disbursements This Page (optional) 507.86

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 63	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. STAPLES OFFICE SUPPLY		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 1275 BLOWING ROCK RD		Amount of Each Disbursement this Period 333.42
City BOONE	State NC	
Zip Code 28607	Purpose of Disbursement PRINTING	Transaction ID : SB17.I133
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAPLES OFFICE SUPPLY		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 1275 BLOWING ROCK RD		Amount of Each Disbursement this Period 6.39
City BOONE	State NC	
Zip Code 28607	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I167
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. STAPLES OFFICE SUPPLY		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 1275 BLOWING ROCK RD		Amount of Each Disbursement this Period 9.58
City BOONE	State NC	
Zip Code 28607	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I172
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	349.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. STAPLES OFFICE SUPPLY			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015		
Mailing Address 1275 BLOWING ROCK RD			Amount of Each Disbursement this Period 32.01		
City BOONE	State NC	Zip Code 28607	Transaction ID : SB17.I198		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. STAPLES OFFICE SUPPLY			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015		
Mailing Address 1275 BLOWING ROCK RD			Amount of Each Disbursement this Period 58.70		
City BOONE	State NC	Zip Code 28607	Transaction ID : SB17.I20		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	SWITCH		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. SYSTEL INC.			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015		
Mailing Address 187 WAUTAUGA VILLAGE DR			Amount of Each Disbursement this Period 3982.75		
City BOONE	State NC	Zip Code 28607	Transaction ID : SB17.I22		
Purpose of Disbursement EQUIPMENT PURCHASE		Category/ Type	COPY MACHINE		
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	4073.46
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)	PAGE 58 OF 63			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2015
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period 392.00
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I116
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period 25.00
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I143
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period 149.68
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I145
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	566.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period 449.42
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period 98.00
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I169
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period 18.14
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I197
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	565.56
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)	PAGE 60 OF 63			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>13</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		13		2015
M M	/	D D	/	Y Y Y Y								
03		13		2015								
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00												
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE Candidate Name Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:												

Full Name (Last, First, Middle Initial) B. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		22		2015
M M	/	D D	/	Y Y Y Y								
01		22		2015								
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1.05</td> </tr> </table>	1.05									
1.05												
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE Candidate Name Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:												

Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE (USPS)		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>06</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		06		2015
M M	/	D D	/	Y Y Y Y								
01		06		2015								
Mailing Address 1544 BLOWING ROCK RD		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1.40</td> </tr> </table>	1.40									
1.40												
City BOONE State NC Zip Code 28607	Purpose of Disbursement POSTAGE Candidate Name Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>27.45</td> </tr> </table>	27.45
27.45		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 63		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 4000 EAST SKY HARBOR BLVD		Amount of Each Disbursement this Period 500.10
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement TRAVEL Category/Type 002	
Candidate Name		Transaction ID : SB17.I84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. VONAGE		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 2400 SPIEGEL DR		Amount of Each Disbursement this Period 56.13
City GROVE PORT State OH Zip Code 43125	Purpose of Disbursement PHONE SVC Category/Type	
Candidate Name		Transaction ID : SB17.I117
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. VONAGE		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 2400 SPIEGEL DR		Amount of Each Disbursement this Period 56.13
City GROVE PORT State OH Zip Code 43125	Purpose of Disbursement PHONE SVC Category/Type	
Candidate Name		Transaction ID : SB17.I144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	612.36
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 63		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. VONAGE		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2400 SPIEGEL DR		Amount of Each Disbursement this Period 56.39
City GROVE PORT State OH Zip Code 43125	Purpose of Disbursement PHONE SVC	
Candidate Name	Category/Type	Transaction ID : SB17.I99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WATAUGA SOFTBALL		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 231 COMPLEX DR		Amount of Each Disbursement this Period 500.00
City BOONE State NC Zip Code 28607	Purpose of Disbursement MARKETING	
Candidate Name	Category/Type	Transaction ID : SB17.I161
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 1414 ELM ST		Amount of Each Disbursement this Period 122.73
City ELKHEAD State NC Zip Code 27152	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	679.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 63			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Virginia Foxx for Congress

Full Name (Last, First, Middle Initial) A. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015
Mailing Address 1414 ELM ST		Amount of Each Disbursement this Period 128.80 Transaction ID : SB17.I149
City ELKHEAD State NC Zip Code 27152	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. WELLS FARGO		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1414 ELM ST		Amount of Each Disbursement this Period 145.66 Transaction ID : SB17.I95
City ELKHEAD State NC Zip Code 27152	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CONSERVATIVE VICTORY FUND		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address PO BOX 15245		Amount of Each Disbursement this Period 346.10 Transaction ID : SB17.16193
City WASHINGTON State DC Zip Code 20003-0245	Purpose of Disbursement IN-KIND CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	620.56
TOTAL This Period (last page this line number only).....	60005.11