

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

08 MAY 20 AM 9:58

Office Use Only

1. NAME OF  
COMMITTEE (in full)

USE FEC MAILING LABEL  
OR TYPE OR PRINT

Example: If typing, type  
over the lines

MARSHALL FOR SENATE INC

ADDRESS (number and street)

7930 WILLOW POND COURT



Check if different  
than previously  
reported. (ACC)

MANASSAS

VA

20111

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00443382

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

05

31

2008

in the  
State of

VA

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



General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

05

11

2008

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

Type or Print Name of Treasurer

Miss Mary Rose Lalli

Signature of Treasurer

Mary Rose Lalli

Date

05

19

2008

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

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

FE5AN018

28020240684

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

MARSHALL FOR SENATE INC

Report Covering the Period:

From:

M M  
0 4

D D  
0 1

Y Y Y Y  
2 0 0 8

To:

M M  
0 5

D D  
1 1

Y Y Y Y  
2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	26695.04	0.00
(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)).....	26695.04	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	23121.83	0.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23121.83	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	22976.54	
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).....	7550.43	

For further information contact:

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

FE5AN018

28020240685

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
MARSHALL FOR SENATE INC

Report Covering the Period:

From:

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

To:

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

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than  
Political Committees

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

14875.04

0.00

(ii) Unitemized.....

11820.00

0.00

(iii) TOTAL of contributions

from individuals..... ▶

26695.04

0.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

26695.04

0.00

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

0.00

0.00

**13. LOANS**

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES**

(Refunds, Rebates, etc.).....

0.00

0.00

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

0.00

0.00

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

26695.04

0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

23121.83

0.00

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) >

23121.83

0.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

19403.33

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....

26695.04

25. SUBTOTAL (add Line 23 and Line 24).....

46098.37

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

23121.83

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

22976.54

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

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

FOR LINE NUMBER: PAGE 5 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Andres Alisuag, Jr

Mailing Address 9109 Stonewall Road

City

Manassas

State

VA

Zip Code

20110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.4868

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Stephen Araujo

Mailing Address 11010 Bacon Race Road

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Candid Color

Occupation  
Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.5173

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Desi Arnaiz

Mailing Address 7945 Willow Pond Court

City

Manassas

State

VA

Zip Code

20111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VASI

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4945

Amount of Each Receipt this Period

200.00

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

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

1450.00

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

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

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

FOR LINE NUMBER:		PAGE 6 / 31	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MARSHALL FOR SENATE INC**

**A.**

Full Name (Last, First, Middle Initial)  
**Thomas Ashe, Jr.**

Mailing Address **8106 Buckland Mill Road**

City **Gainesville** State **VA** Zip Code **20155**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

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

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**04 / 24 / 2008**

Transaction ID: **SA11AI.5192**

Amount of Each Receipt this Period

**250.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**Jim Bryant**

Mailing Address **13310 Lawrence Lane**

City **Bristow** State **VA** Zip Code **20136**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Manassas Cab Co.**

Occupation  
**Owner**

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

Election Cycle-to-Date ▼

**1000.00**

Date of Receipt

**04 / 06 / 2008**

Transaction ID: **SA11AI.5008**

Amount of Each Receipt this Period

**1000.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**Citizens for Dave Core**

Mailing Address **8859 Old Lewis Court**

City **Manassas** State **VA** Zip Code **20110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

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

Election Cycle-to-Date ▼

**425.04**

Date of Receipt

**05 / 01 / 2008**

Transaction ID: **SA11AI.4856**

Amount of Each Receipt this Period

**425.04**

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

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

**1675.04**

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

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

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

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

Madge Eicher

Mailing Address 9527 Springs Road

City

Warrenton

State

VA

Zip Code

20186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: SA11AI.5086

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Patricia Fabyanic

Mailing Address 95 Menlough Drive

City

Warrenton

State

VA

Zip Code

20186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: SA11AI.5130

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Marilyn Farinholt

Mailing Address 122 McGuire Road

City

Winchester

State

VA

Zip Code

22603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2008

Transaction ID: SA11AI.5103

Amount of Each Receipt this Period

400.00

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

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

1900.00

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

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

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

FOR LINE NUMBER:		PAGE 8 / 31	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MARSHALL FOR SENATE INC**

**A.**

Full Name (Last, First, Middle Initial)  
**Dan Gabriel**

Mailing Address **1021 North Garfield  
#330**

City **Arlington** State **VA** Zip Code **22201**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**System IBR Solutions, LLC**

Occupation  
**Contractor**

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

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**04 / 06 / 2008**

Transaction ID: **SA11AI.4922**

Amount of Each Receipt this Period

**250.00**

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

**B.**

Full Name (Last, First, Middle Initial)  
**Pat Geary**

Mailing Address **7035 Devereux Circle Drive**

City **Alexandria** State **VA** Zip Code **22315**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US NAVY**

Occupation  
**retired**

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

Election Cycle-to-Date ▼

**500.00**

Date of Receipt

**04 / 06 / 2008**

Transaction ID: **SA11AI.5126**

Amount of Each Receipt this Period

**500.00**

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

**C.**

Full Name (Last, First, Middle Initial)  
**John Geiran**

Mailing Address **9414 Beauregard Avenue**

City **Manassas** State **VA** Zip Code **20110**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

**UNKNOWN**

Occupation

**UNKNOWN**

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

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**04 / 06 / 2008**

Transaction ID: **SA11AI.5034**

Amount of Each Receipt this Period

**250.00**

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

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

**1000.00**

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



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

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

FOR LINE NUMBER:		PAGE 9 / 31	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**MARSHALL FOR SENATE INC**

**A.**

Full Name (Last, First, Middle Initial)

John Grimberg

Mailing Address 8321 Hectic Hill Lane

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JCG Co. Inc

Occupation  
Manager

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2008

Transaction ID: SA11AI.5026

Amount of Each Receipt this Period

500.00

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

**B.**

Full Name (Last, First, Middle Initial)

Steve Grimberg

Mailing Address 6344 31st Place, NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JCG Co. Inc

Occupation  
Manager/Engineer

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

MM / DD / YYYY  
04 / 04 / 2008

Transaction ID: SA11AI.5177

Amount of Each Receipt this Period

2300.00

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

**C.**

Full Name (Last, First, Middle Initial)

Kay Gunter

Mailing Address 420 Burch Lane

City

Boyce

State

VA

Zip Code

22620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: SA11AI.5069

Amount of Each Receipt this Period

200.00

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

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

3000.00

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

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

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

FOR LINE NUMBER:		PAGE 10 / 31	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)  
Donald Hoffman

Mailing Address 8901 Misty Hollow Lane

City State Zip Code  
Nokesville VA 20181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Benefits Planning

Occupation  
Insurance

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 02 / 2008

Transaction ID: SA11AI.4951

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)  
Christopher Kachouff

Mailing Address 12741 Darby Brooke Ct  
Ste 202

City State Zip Code  
Lake Ridge VA 22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dominion Law

Occupation  
Attorney

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
05 / 07 / 2008

Transaction ID: SA11AI.4912

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)  
Kathleen Katz

Mailing Address 15516 Allaire Drive

City State Zip Code  
Gainesville VA 20155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Homemaker

Occupation  
Homemaker

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

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2008

Transaction ID: SA11AI.5066

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

James Koehr

Mailing Address PO Box 1247

City

Warrenton

State

VA

Zip Code

20188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Koehr Enterprises, LLC

Occupation  
Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 01 / 2008

Transaction ID: SA11AI.4995

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

David Moore

Mailing Address 14536 Wagon Wheel Road

City

Bowling Green

State

VA

Zip Code

22427

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNKNOWN

Occupation

UNKNOWN

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: SA11AI.4930

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

John Pauswinski

Mailing Address 7517 Todd Place

City

Manassas

State

VA

Zip Code

20109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2008

Transaction ID: SA11AI.5032

Amount of Each Receipt this Period

250.00

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

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

John Rust

Mailing Address 3915 Lake Blvd

City

Annandale

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rust & Rust

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 06 / 2008

Transaction ID: SA11AI.5047

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Rev. Don Sampson

Mailing Address 13531 Pleasant Colony Drive

City

Manassas

State

VA

Zip Code

20112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Crossroads Presbyterian  
Church

Occupation  
Pastor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2008

Transaction ID: SA11AI.4949

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Audrey Schmidt

Mailing Address 1023 Eastover Pkwy

City

Locust Grove

State

VA

Zip Code

22508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
05 / 10 / 2008

Transaction ID: SA11AI.4872

Amount of Each Receipt this Period

100.00

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

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)

JOHN SEEDS

Mailing Address 9630 SLOMAN PLACE

City

RICHMOND

State

VA

Zip Code

23238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical College of Virgin-  
ia

Occupation

OBYN

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 24 / 2008

Transaction ID: SA11AI.5039

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

The Founders Pac

Mailing Address 20978 Flatboat Court

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 06 / 2008

Transaction ID: SA11AI.4854

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

The Founders Pac

Mailing Address 20978 Flatboat Court

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2008

Transaction ID: SA11AI.4857

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

14875.04

# 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 14 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

A.

Full Name (Last, First, Middle Initial)  
Amazon.com

Transaction ID: SB17.5289

Date of Disbursement

/   /

Mailing Address PO Box 80463

City State Zip Code  
Seattle WA 98108

Amount of Each Disbursement this Period

Purpose of Disbursement  
Books/Research

Category/  
Type

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

Candidate Name

[MEMO ITEM]

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

B.

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

Transaction ID: SB17.5243

Date of Disbursement

/   /

Mailing Address 13414 Dumfries Road

City State Zip Code  
Manassas VA 20112

Amount of Each Disbursement this Period

Purpose of Disbursement  
Merchant Fees

Category/  
Type

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

C.

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

Transaction ID: SB17.5244

Date of Disbursement

/   /

Mailing Address 13414 Dumfries Road

City State Zip Code  
Manassas VA 20112

Amount of Each Disbursement this Period

Purpose of Disbursement  
Merchant Fees

Category/  
Type

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

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

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 15 / 31

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

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NAME OF COMMITTEE (In Full)  
 MARSHALL FOR SENATE INC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)                      BB&amp;T</p> <p>Mailing Address 13414 Dumfries Road</p> <p>City Manassas State VA Zip Code 20112</p> <p>Purpose of Disbursement                      Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5245</p> <p>Date of Disbursement                      M M / D D / Y Y Y Y                      05 / 02 / 2008</p> <p>Amount of Each Disbursement this Period                      1.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>	
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)                      BB&amp;T</p> <p>Mailing Address 13414 Dumfries Road</p> <p>City Manassas State VA Zip Code 20112</p> <p>Purpose of Disbursement                      Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5246</p> <p>Date of Disbursement                      M M / D D / Y Y Y Y                      05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period                      89.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>	
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)                      BJs Books</p> <p>Mailing Address 381 W shirley Ave</p> <p>City Warrenton State VA Zip Code 20186</p> <p>Purpose of Disbursement                      Books/Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5272</p> <p>Date of Disbursement                      M M / D D / Y Y Y Y                      04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period                      11.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>	
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>		<p>90.47</p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>		

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Book Exchange Of Williamsburg		Transaction ID: SB17.5270 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 1303 Jamestown Rd		Amount of Each Disbursement this Period 12.60	
City Williamsburg State VA Zip Code 23185	Purpose of Disbursement Books/Research	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Books a Million		Transaction ID: SB17.5265 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8	
Mailing Address PO Box 19768		Amount of Each Disbursement this Period 23.05	
City Birmingham State AL Zip Code 35219	Purpose of Disbursement Books/Research	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Borders Books		Transaction ID: SB17.5263 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8	
Mailing Address 8300 Sudley Road		Amount of Each Disbursement this Period 16.75	
City Manassas State VA Zip Code 20110	Purpose of Disbursement Books/Research	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) CDW Direct</p> <p>Mailing Address 200 N Milwaukee Ave</p> <p>City State Zip Code Vernon Hills IL 60061</p> <p>Purpose of Disbursement Printing Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5261 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1065.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Chick-fil-A, Inc.</p> <p>Mailing Address 5200 Buffington Road</p> <p>City State Zip Code Atlanta GA 30349</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5283 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 4.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 999 Lake Drive</p> <p>City State Zip Code Issaquah WA 98027</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5273 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 69.19</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

28020240700

# 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 18 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Custom Discount Signs</p> <p>Mailing Address 80 Wyche Road</p> <p>City Stafford State VA Zip Code 22554</p> <p>Purpose of Disbursement Signs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5240</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 207.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Dollar General Store</p> <p>Mailing Address 100 Mision Ridge</p> <p>City Godlettsville State TN Zip Code 37072</p> <p>Purpose of Disbursement Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5275</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 77.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Electronic Voice Services</p> <p>Mailing Address 16475 Dallas Parkway</p> <p>City Addison State TX Zip Code 75001</p> <p>Purpose of Disbursement Campaign Materials</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5259</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 317.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ 207.90</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Kay Gunter	<b>Transaction ID:</b> SB17.5218 <b>Date of Disbursement</b>
Mailing Address 420 Burch Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 3 / 2 0 0 8</div> </div>
City Boyce State VA Zip Code 22620	<b>Amount of Each Disbursement this Period</b> 133.00
Purpose of Disbursement Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Intelligent Lookup Services Inc.	<b>Transaction ID:</b> SB17.5252 <b>Date of Disbursement</b>
Mailing Address 2 Professional Drive Suite 212	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 0 8</div> </div>
City Gaithersburg State MD Zip Code 20879	<b>Amount of Each Disbursement this Period</b> 350.00
Purpose of Disbursement Campaign Materials/Phone Numbers	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Herb Lux	<b>Transaction ID:</b> SB17.5296 <b>Date of Disbursement</b>
Mailing Address 6205 Plank Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 1 / 2 0 0 8</div> </div>
City Fredericksburg, State VA Zip Code 22407	<b>Amount of Each Disbursement this Period</b> 1200.00
Purpose of Disbursement CAmpaign Worker	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional)	1333.00
<b>TOTAL</b> This Period (last page this line number only)	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 31

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

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NAME OF COMMITTEE (In Full)  
 MARSHALL FOR SENATE INC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)                      Catherine Marshall</p> <p>Mailing Address 7930 Willow Pond Court Manassas, V</p> <p>City Manassas State VA Zip Code 20111</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5247</p> <p>Date of Disbursement                      04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period                      3460.37</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)                      Catherine Marshall</p> <p>Mailing Address 7930 Willow Pond Court Manassas, V</p> <p>City Manassas State VA Zip Code 20111</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5268</p> <p>Date of Disbursement                      04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period                      449.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)                      Robert Marshall</p> <p>Mailing Address 7930 Willow Pond Court</p> <p>City Manassas State VA Zip Code 20111</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5285</p> <p>Date of Disbursement                      04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period                      747.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4657.04

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 31

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

<b>A.</b> Full Name (Last, First, Middle Initial) McKay Books	Transaction ID: SB17.5257 Date of Disbursement
Mailing Address 8389 Sudley Road	<div> <div>M M / D D / Y Y Y Y Y</div> <div>0 4 / 0 4 / 2 0 0 8</div> </div>
City Manassas State VA Zip Code 20109	Amount of Each Disbursement this Period
Purpose of Disbursement Books/Research	<div> <div>64.05</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/Type            Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot	Transaction ID: SB17.5276 Date of Disbursement
Mailing Address 2200 Old Germantown Road	<div> <div>M M / D D / Y Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div>
City Delray Beach State FL Zip Code 33445	Amount of Each Disbursement this Period
Purpose of Disbursement Office Supplies	<div> <div>23.09</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/Type            Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<b>C.</b> Full Name (Last, First, Middle Initial) PCC Sales	Transaction ID: SB17.5287 Date of Disbursement
Mailing Address 730 Milford Rd	<div> <div>M M / D D / Y Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 8</div> </div>
City Merrimack State NH Zip Code 03054-4612	Amount of Each Disbursement this Period
Purpose of Disbursement Computers	<div> <div>577.06</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <input type="checkbox"/> Category/Type            Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div>
<b>SUBTOTAL</b> of Disbursements This Page (optional)	<div> <div>0.00</div> </div>
<b>TOTAL</b> This Period (last page this line number only)	<div> <div></div> </div>

# 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 22 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

A. Full Name (Last, First, Middle Initial) PM-Direct Marketing	Transaction ID: SB17.5224
Mailing Address 11250 Waples Mille Road	Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8
City State Zip Code Fairfax VA 22030	Amount of Each Disbursement this Period 580.70
Purpose of Disbursement Mailing Lists Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
B. Full Name (Last, First, Middle Initial) Prospero's Books	Transaction ID: SB17.5255
Mailing Address 9129 Center Street	Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8
City State Zip Code Manassas VA 20110	Amount of Each Disbursement this Period 3.15
Purpose of Disbursement Books/Research Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.5253
Mailing Address 500 Staples Drive	Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8
City State Zip Code Framingham MA 01702	Amount of Each Disbursement this Period 400.69
Purpose of Disbursement Office Supplies Candidate Name Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) .....	580.70
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 23 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

<b>A.</b> Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.5277 Date of Disbursement 04 / 17 / 2008
Mailing Address 500 Staples Drive	
City Framingham State MA Zip Code 01702	Amount of Each Disbursement this Period 45.13
Purpose of Disbursement Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Jason Suarez	Transaction ID: SB17.5215 Date of Disbursement 04 / 17 / 2008
Mailing Address 4490 Andy Court Woodbridge, VA 221	
City Woodbridge State VA Zip Code 22193	Amount of Each Disbursement this Period 190.00
Purpose of Disbursement Worker	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Jason Suarez	Transaction ID: SB17.5216 Date of Disbursement 04 / 23 / 2008
Mailing Address 4490 Andy Court Woodbridge, VA 221	
City Woodbridge State VA Zip Code 22193	Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Worker	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<input type="checkbox"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional)	340.00
<b>TOTAL</b> This Period (last page this line number only)	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

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

Mailing Address 9700 Capital Court Suite 201 Manas

City Manassas State VA Zip Code 20110-2039

Purpose of Disbursement  
Computers, Peripherals and acc

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Transaction ID: SB17.5228  
Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 03 / 2008

Amount of Each Disbursement this Period  
302.40

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

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

Mailing Address 9700 Capital Court Suite 201 Manas

City Manassas State VA Zip Code 20110-2039

Purpose of Disbursement  
Printing Supplies - ink, paper

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Transaction ID: SB17.5229  
Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 08 / 2008

Amount of Each Disbursement this Period  
302.40

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

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

Mailing Address 9700 Capital Court Suite 201 Manas

City Manassas State VA Zip Code 20110-2039

Purpose of Disbursement  
Printing Supplies - ink, paper

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Transaction ID: SB17.5230  
Date of Disbursement  
M M / D D / Y Y Y Y  
04 / 17 / 2008

Amount of Each Disbursement this Period  
2200.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

2804.80

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

28020240707



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 25 / 31

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

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NAME OF COMMITTEE (In Full)  
 MARSHALL FOR SENATE INC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)                      TML Copiers &amp; Digital Solutions</p> <p>Mailing Address 9700 Capital Court Suite 201 Manas</p> <p>City Manassas State VA Zip Code 20110-2039</p> <p>Purpose of Disbursement                      Printing Supplies - ink, paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5231</p> <p>Date of Disbursement                      04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period                      771.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)                      TML Copiers &amp; Digital Solutions</p> <p>Mailing Address 9700 Capital Court Suite 201 Manas</p> <p>City Manassas State VA Zip Code 20110-2039</p> <p>Purpose of Disbursement                      Printing Supplies - ink, paper</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5232</p> <p>Date of Disbursement                      04 / 26 / 2008</p> <p>Amount of Each Disbursement this Period                      109.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)                      John Tomicki, 95</p> <p>Mailing Address 3163 Aramingo Ave</p> <p>City Philadelphia State PA Zip Code 10134</p> <p>Purpose of Disbursement                      Conference Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5234</p> <p>Date of Disbursement                      04 / 23 / 2008</p> <p>Amount of Each Disbursement this Period                      225.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess                      Contributions Required Under                      11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶ 1106.23</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

28020240708

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 1735 N. Lynn Street</p> <p>City Arlington State VA Zip Code 22209-2020</p> <p>Purpose of Disbursement Postage <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5248</p> <p>Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1177.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 1735 N. Lynn Street</p> <p>City Arlington State VA Zip Code 22209-2020</p> <p>Purpose of Disbursement Postage <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5278</p> <p>Date of Disbursement 04 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 210.67</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) United States Postal Service</p> <p>Mailing Address 1735 N. Lynn Street</p> <p>City Arlington State VA Zip Code 22209-2020</p> <p>Purpose of Disbursement Postage and Delivery <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB17.5235</p> <p>Date of Disbursement 04 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 32.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 31

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

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NAME OF COMMITTEE (In Full)

MARSHALL FOR SENATE INC

<p><b>A.</b> Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address 8665 Sudley Road</p> <p>City Manassas State VA Zip Code 20110</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5249</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 11.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO BOX 25505</p> <p>City Lehigh Valley State PA Zip Code 18002-5505</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5250</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 31.49</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO BOX 25505</p> <p>City Lehigh Valley State PA Zip Code 18002-5505</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.5281</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 134.98</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

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

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NAME OF COMMITTEE (In Full)  
 MARSHALL FOR SENATE INC

**A.** Full Name (Last, First, Middle Initial)  
 Verizon Wireless

Mailing Address PO BOX 25505

City Lehigh Valley State PA Zip Code 18002-5505

Purpose of Disbursement  
 Telephone  
 Candidate Name

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

State: District:

Transaction ID: SB17.5238  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 0 8

Amount of Each Disbursement this Period  
 173.32

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

**B.** Full Name (Last, First, Middle Initial)  
 Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement  
 Campaign Manager  
 Candidate Name

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

State: District:

Transaction ID: SB17.5290  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 8

Amount of Each Disbursement this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
 Stephen Waters

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement  
 Campaign Manager  
 Candidate Name

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

State: District:

Transaction ID: SB17.5291  
 Date of Disbursement  
 M M / D D / Y Y Y Y  
 0 4 / 1 0 / 2 0 0 8

Amount of Each Disbursement this Period  
 1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3673.32

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

28020240711

**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 29 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

A.

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

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement  
Meals

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Category/  
Type

Transaction ID: SB17.5279

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Disbursement this Period

902.94

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

B.

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

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement  
Mileage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Category/  
Type

Transaction ID: SB17.5280

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 8

Amount of Each Disbursement this Period

763.56

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

[MEMO ITEM]

C.

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

Mailing Address 1505 Leewal Court

City Richmond State VA Zip Code 23238

Purpose of Disbursement  
Campaign Manager

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Category/  
Type

Transaction ID: SB17.5292

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 8

Amount of Each Disbursement this Period

2500.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3402.94

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

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

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NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

A.

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

Transaction ID: SB17.5293

Date of Disbursement

Mailing Address 1505 Leewal Court

M  M /  D  D /  Y  Y  Y  Y  
05 11 2008

City State Zip Code  
Richmond VA 23238

Amount of Each Disbursement this Period

Purpose of Disbursement

Campaign Manager

Candidate Name

Category/  
Type

3500.00

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

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

21969.46

**SCHEDULE D (FEC Form 3 )**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

PAGE 31 / 31

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
MARSHALL FOR SENATE INC

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

Nature of Debt (Purpose):  
Reimbursed Expenses

Mailing Address 7930 WILLOW POND COURT

City State ZIP Code  
MANASSAS VA 20111

Outstanding Balance Beginning This Period

Transaction ID: SD10.4597

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

4973.05

0.00

4973.05

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

Nature of Debt (Purpose):  
Expense Reimbursement

Mailing Address 1505 Leewal Court

City State ZIP Code  
Richmond VA 23238

Outstanding Balance Beginning This Period

Transaction ID: SD10.4808

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

2577.38

0.00

2577.38

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

7550.43

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

7550.43

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

0.00

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

7550.43

1007 PM ME

Mary Lalli  
97 G7  
Manassas Forge Dr.  
Manassas  
VA 20111

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Office of Public Records  
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# United States Senate

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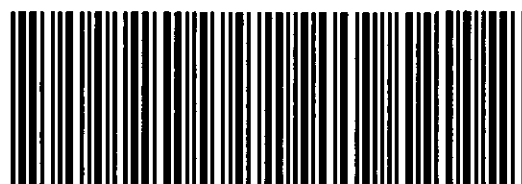
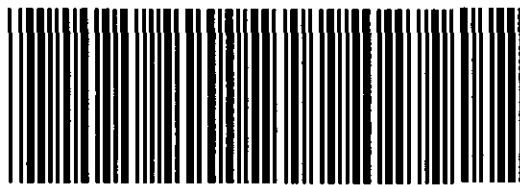
PREPARER

**RD**

DATE PREPARED

**05-20-08**

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