

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) P.O. Box 292  
 Check if different than previously reported. (ACC)  
Roanoke VA 24002

2. **FEC IDENTIFICATION NUMBER** C00257956  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
VA 06

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2007 through 12 31 2007

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 Kenneth L. Prickitt

Signature of Treasurer Electronically Filed by Kenneth L. Prickitt Date 01 31 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bob Goodlatte for Congress Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	68570.76	424092.50
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	68570.76	423592.50
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	68445.05	318032.38
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	238.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	68445.05	317794.38
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1354093.03</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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  
 Bob Goodlatte for Congress Committee

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**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).....

27670.00

179620.00

(ii) Unitemized.....

9013.50

29709.50

(iii) TOTAL of contributions

36683.50

209329.50

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

31887.26

214763.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

68570.76

424092.50

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

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

0.00

238.00

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

11046.17

67403.01

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

79616.93

491733.51

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	68445.05	318032.38
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS.....	40000.00	106500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	108445.05	425032.38

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1382921.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	79616.93
25. SUBTOTAL (add Line 23 and Line 24).....	1462538.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108445.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1354093.03

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>		
Robert W. Goodlatte		H2VA06115		
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>		
Bob Goodlatte for Congress Committee		C C00257956		
<b>Committee Address</b>				
P.O. Box 292				
<b>City</b>	<b>State</b>	<b>ZIP</b>		
Roanoke	VA	24002-		
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election				
	<b>Primary</b>		<b>General</b>	
1. Gross receipts of authorized committees .....	487433.51		4300.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00		0.00	
3. Gross receipts minus the candidate's personal contributions .....	487433.51		4300.00	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
**Bob Goodlatte for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
 Steven Ballmer  
 Mailing Address 2060 Driftwood Way  
 City State Zip Code  
 Coupeville WA 98239-6919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Microsoft Corporatio CEO  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 8 / 2 0 0 7  
**Transaction ID:** 71109.C24961  
 Amount of Each Receipt this Period  
1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Inez Barber  
 Mailing Address 1219 Keffield St  
 City State Zip Code  
 Roanoke VA 24019-4417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a Retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 0 7  
**Transaction ID:** 80121.C25024  
 Amount of Each Receipt this Period  
100.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 Robert Berkstresser  
 Mailing Address 1313 Mountain View Rd  
 City State Zip Code  
 Lexington VA 24450-3215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lee-Hi Travel Plaza Owner  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 0 7  
**Transaction ID:** 80121.C25148  
 Amount of Each Receipt this Period  
1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2100.00

**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: <span style="float: right;">PAGE 7 / 56</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) W. E. Betts	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address P. O. Box 11929	<b>Transaction ID:</b> 80121.C25040
	City Lynchburg State VA Zip Code 24506	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Montabue Betts Company Occupation Chairman of the Board Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Brown	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 890 Blue Ridge Drive	<b>Transaction ID:</b> 80121.C25031
	City Staunton State VA Zip Code 24401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Brown Real Estate Co. Occupation Real estate broker Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) W. W. S. Butler	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 858 Wildwood Drive SW	<b>Transaction ID:</b> 80121.C25038
	City Roanoke State VA Zip Code 24014-1422	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Virginia Premier Health Plans Occupation Assoc. Medical Director Receipt For: 2008 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) H. St. G. Tucker Carmichael</p> <p>Mailing Address 619 Stonewall Street</p> <p>City State Zip Code <u>Lexington</u> VA 24450</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer self Occupation self Attorney</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">550.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 2 8 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 80121.C25194</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) George Cartledge, Jr.</p> <p>Mailing Address 3101 Somerset Street, SW</p> <p>City State Zip Code <u>Roanoke</u> VA 24014</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Furniture Retailer Occupation Furniture Retailer Grand Home Furnishings</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">2300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 3 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 80121.C25070</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1300.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Chris Caveness</p> <p>Mailing Address 5051 Twelve oclock Road</p> <p>City State Zip Code <u>Roanoke</u> VA 24018</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Health &amp; Welfare Benefit Sys. Occupation Health &amp; Welfare Benefit Sys. President</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 4 / 2 0 0 7</span></p> <p><b>Transaction ID:</b> 80121.C25087</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Receipt  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1650.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



**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 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bob Goodlatte for Congress Committee**

<b>A.</b>	Full Name (Last, First, Middle Initial) C. Lynch Christian	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 2100 Oak Park Place	<b>Transaction ID:</b> 80121.C25039
	City Lynchburg State VA Zip Code 24503	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer 1000 Chruch Street Inc. Occupation Business Exec Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dawn Coppola	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 4929 Fox Ridge Road	<b>Transaction ID:</b> 80121.C25032
	City Roanoke State VA Zip Code 24018	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Dearing	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address 626 Stonewall Street	<b>Transaction ID:</b> 80121.C25146
	City Lexington State VA Zip Code 24450	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Base-X, Inc. Occupation Sales Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> 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 10 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Dollins	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 3803 Sunbreeze Cir Apt 210	<b>Transaction ID:</b> 80121.C25028
	City State Zip Code Roanoke VA 24018-3165	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Dungan III	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 10005 High Hill Pl	<b>Transaction ID:</b> 71109.C24958
	City State Zip Code Great Falls VA 22066-3542	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Management Concepts, Inc. Occupation President Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Frantz	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 118 Oakwood Place	<b>Transaction ID:</b> 80121.C25068
	City State Zip Code Lynchburg VA 24503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Centra Health Occupation Physician Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<b>TOTAL</b> 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 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

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

Mailing Address P. O. Box 685  
2550 E. Market Street

City Harrisonburg State VA Zip Code 22801

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 12 / 18 / 2007  
**Transaction ID:** 80121.C25134  
 Amount of Each Receipt this Period 100.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sharon Grandle

Mailing Address 8575 Beacon Hill Rd

City Harrisonburg State VA Zip Code 22802-1518

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

Name of Employer n/a Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 12 / 14 / 2007  
**Transaction ID:** 80121.C25083  
 Amount of Each Receipt this Period 100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Wayne Herkness

Mailing Address P. O. Box 995

City Salem State VA Zip Code 24153

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

Name of Employer Damon Company Occupation Engineer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 12 / 20 / 2007  
**Transaction ID:** 80121.C25154  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Larry Howdysshell

Mailing Address 697 Timber Ridge Road

City State Zip Code  
Mount Solon VA 22843

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

Name of Employer self Occupation  
self Farmer

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

**Transaction ID:** 80121.C25185

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Larry Howdysshell

Mailing Address 697 Timber Ridge Road

City State Zip Code  
Mount Solon VA 22843

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

Name of Employer self Occupation  
self Farmer

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

600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

**Transaction ID:** 80121.C25186

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Alan Kahn

Mailing Address 101 Flintlake Drive

City State Zip Code  
Columbia SC 29223

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

Name of Employer Kahn Development Co. Occupation  
Kahn Development Co. President

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

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 0 7

**Transaction ID:** 80121.C24964

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Annette Kirby	Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address 3482 W Ridge Rd SW	<b>Transaction ID:</b> 80121.C25216
	City State Zip Code Roanoke VA 24014-4224	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Kirby, Jr.	Date of Receipt MM / DD / YYYY 12 / 18 / 2007
	Mailing Address Claremont Manor Plantation	<b>Transaction ID:</b> 80121.C25143
	City State Zip Code Claremont VA 23899	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 2300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chris Kowalczyk	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address PO Box 11971	<b>Transaction ID:</b> 80121.C25069
	City State Zip Code Roanoke VA 24022-1971	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer self Occupation Attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
David Lowen

Mailing Address 126 24th Street, S

City State Zip Code  
Roanoke VA 24014

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

Name of Employer: Foti, Flynn, & Lowen   Occupation: Accountant

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Edward Machado

Mailing Address 3631 Wellington Dr SE

City State Zip Code  
Roanoke VA 24014-6460

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

Name of Employer: n/a   Occupation: Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 350.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bea Maurer

Mailing Address 9 Coe Place

City State Zip Code  
Lexington VA 24450

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

Name of Employer: Bea Maurer, Inc.   Occupation: CEO Emeritus

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 2300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
James Maurer  
Mailing Address 120 Shaner Hill Drive  
City Lexington State VA Zip Code 24450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Base-X, Inc. Occupation President  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 18 / 2007  
Transaction ID: 80121.C25147  
Amount of Each Receipt this Period 2000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth Muse  
Mailing Address P. O. Box 8535  
City Roanoke State VA Zip Code 24014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 11 / 01 / 2007  
Transaction ID: 71109.C24953  
Amount of Each Receipt this Period 250.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Muse  
Mailing Address P. O. Box 8535  
City Roanoke State VA Zip Code 24014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Homemaker  
Receipt For: 2008 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 12 / 31 / 2007  
Transaction ID: 80121.C25224  
Amount of Each Receipt this Period 500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2750.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) John Oelsner	Date of Receipt MM / DD / YYYY 12 / 28 / 2007
	Mailing Address 1 Crestwood Lane	<b>Transaction ID:</b> 80121.C25204
	City State Zip Code Hanover NH 03755	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Claude Reynolds	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 2655 Nottingham Road SE	<b>Transaction ID:</b> 80121.C25021
	City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Beulah Root	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 206 Morningside Drive	<b>Transaction ID:</b> 80121.C25089
	City State Zip Code Mount Sidney VA 24467	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Homemaker Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
**Bob Goodlatte for Congress Committee**

**A.** Full Name (Last, First, Middle Initial)  
 Robert Rouse  
 Mailing Address 44 Baynes Rd  
 City State Zip Code  
 Waynesboro VA 22980-6324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Clark Manufacturing Co. Executive  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
 Howard Smith  
 Mailing Address 1407 Springbranch Rd  
 City State Zip Code  
 Lexington VA 24450-7041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a Retired  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 250.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
 Eric Spencer  
 Mailing Address 35 Pinehurst Drive  
 City State Zip Code  
 Lexington VA 24450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Spencer Home Center Inc. President  
 Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Amount of Each Receipt this Period: 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Judith Strickler  
Mailing Address 1880 Keezletown Road  
City Harrisonburg State VA Zip Code 22802  
FEC ID number of contributing federal political committee. C  
Name of Employer n/a Occupation Retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
2220.00

Date of Receipt MM / DD / YYYY  
12 / 28 / 2007  
**Transaction ID:** 80121.C25191  
Amount of Each Receipt this Period  
220.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Thomas Thornton  
Mailing Address 1201 Meadow Wood Drive  
City Forest State VA Zip Code 24551  
FEC ID number of contributing federal political committee. C  
Name of Employer Businessman Occupation Progress Printing Co.  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
1100.00

Date of Receipt MM / DD / YYYY  
12 / 18 / 2007  
**Transaction ID:** 80121.C25140  
Amount of Each Receipt this Period  
100.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
L. S. Waldrop  
Mailing Address 500 E. 4th Street  
City Salem State VA Zip Code 24153  
FEC ID number of contributing federal political committee. C  
Name of Employer self Occupation Realton Developer  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
500.00

Date of Receipt MM / DD / YYYY  
12 / 14 / 2007  
**Transaction ID:** 80121.C25088  
Amount of Each Receipt this Period  
500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 820.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Bob Goodlatte for Congress Committee**

<b>A.</b>	Full Name (Last, First, Middle Initial) William Wasko	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 138 Chapel View Drive	<b>Transaction ID:</b> 80121.C25065
	City State Zip Code Madison Heights VA 24572-5004	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Margaret Whitman	Date of Receipt MM / DD / YYYY 12 / 10 / 2007
	Mailing Address 2125 Hamilton Avenue	<b>Transaction ID:</b> 80121.C24968
	City State Zip Code San Jose CA 95125	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer eBay, Inc. Occupation CEO Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) E. Allen Womack	Date of Receipt MM / DD / YYYY 12 / 12 / 2007
	Mailing Address 401 St. Andrews Circle	<b>Transaction ID:</b> 80121.C25033
	City State Zip Code Lynchburg VA 24503	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer n/a Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27670.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Burlington Southern Santa Fe RAILPAC

Mailing Address P. O. Box 961039

City State Zip Code  
Fort Worth TX 76161-0039

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation  
BNSF Rail Pac

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  

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

**Transaction ID:** 71008.C24932

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Chemical Producers & Distributors PAC

Mailing Address 1430 Duke Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
CPDA-PAC

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

Date of Receipt  

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

**Transaction ID:** 71109.C24955

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cisco Systems E-PAC

Mailing Address 20 Park Road, Suite E

City State Zip Code  
Burlingame CA 94010-4443

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation  
Cisco Systems

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt  

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

**Transaction ID:** 80121.C25210

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Cisco Systems E-PAC

Mailing Address 20 Park Road, Suite E

City State Zip Code  
Burlingame CA 94010-4443

FEC ID number of contributing federal political committee. **C** C00362707

Name of Employer Occupation  
Cisco Systems

Receipt For: 2008 Election Cycle-to-Date  
 Primary  General  
 Other (specify) ▼ 6000.00

Date of Receipt

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

Transaction ID: 80121.C25209

Amount of Each Receipt this Period

2000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
Citigroup Inc. PAC

Mailing Address 1101 Pennsylvania Ave NW, Suite 10

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00039305

Name of Employer Occupation  
Citicorp Voluntary Political F

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

Date of Receipt

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

Transaction ID: 71109.C24960

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
ENGPAC

Mailing Address 520 Grand Avenue, Suite 700

City State Zip Code  
Los Angeles CA 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation  
Employees of Northrup Grumman

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

Date of Receipt

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

Transaction ID: 71109.C24959

Amount of Each Receipt this Period

1000.00

Receipt

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

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 56  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Ernst & Young PAC

Mailing Address 1225 Connecticut Ave. NW 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Ernst & Young PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 11 / 21 / 2007  
**Transaction ID:** 80121.C24966

Amount of Each Receipt this Period 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Food Marketing Institute PAC

Mailing Address 655 15th Street, NW Suite 700

City Washington State DC Zip Code 20005-5701

FEC ID number of contributing federal political committee. **C** C00014555

Name of Employer Food Marketing Institute PAC Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 12 / 10 / 2007  
**Transaction ID:** 80121.C24969

Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Genworth Financial Inc. PAC

Mailing Address 701 13th Street NW, Suite 710

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2007  
**Transaction ID:** 71009.C24939

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5000.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Google Net Pac  
Mailing Address 1001 Pennsylvania Ave NW Ste 600  
City Washington State DC Zip Code 20004-2531  
FEC ID number of contributing federal political committee. **C** C00428623  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 3100.00  
Date of Receipt 12 / 28 / 2007  
Transaction ID: 80121.C25208  
Amount of Each Receipt this Period 1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
KPMG PAC  
Mailing Address P. O. Box 18254  
City Washington State DC Zip Code 20036-9998  
FEC ID number of contributing federal political committee. **C** C00280222  
Name of Employer Occupation  
Peat Marwick PAC  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00  
Date of Receipt 11 / 01 / 2007  
Transaction ID: 71109.C24954  
Amount of Each Receipt this Period 1500.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Longhorn PAC  
Mailing Address 7315 Wisconsin Ave Ste 705  
City Bethesda State MD Zip Code 20814-3202  
FEC ID number of contributing federal political committee. **C** C00402602  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 63.00  
Date of Receipt 10 / 08 / 2007  
Transaction ID: 71008.C24933  
Amount of Each Receipt this Period 37.26  
In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2537.26  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

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

Mailing Address 1101 King Street, Suite 600

City State Zip Code  
Alexandria VA 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer National Beer Wholesalers Asso  
Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 0 7

**Transaction ID:** 71109.C24956

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Political Action For Coors Employees

Mailing Address 801 Pennsylvania Avenue NW, Suite

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00032573

Name of Employer Pace Political Action Coors Em  
Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 0 7

**Transaction ID:** 71109.C24952

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address 20330 Stevens Creek Blvd.

City State Zip Code  
Cupertino CA 95014

FEC ID number of contributing federal political committee. **C** C00394031

Name of Employer Symantec Corp.  
Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 8 / 2 0 0 7

**Transaction ID:** 71009.C24938

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Bob Goodlatte for Congress Committee**

<b>A.</b>	Full Name (Last, First, Middle Initial) US Oncology Inc. Good Govt Fund	Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 16825 Northchase Drive, Suite 1300	Transaction ID: 71109.C24951
	City State Zip Code Houston TX 77060	Amount of Each Receipt this Period 4350.00
	FEC ID number of contributing federal political committee. <b>C</b> C00339655	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation US Oncology Inc. Good Govt Fu	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wells Fargo & Co. Employee PAC	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address Wells Fargo Center MAC N9305 084 Sixth & Marquette	Transaction ID: 80121.C24963
	City State Zip Code Minneapolis MN 55479	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00034595	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Wendys Political Action Committee	Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address P. O. Box 256	Transaction ID: 80121.C24965
	City State Zip Code Dublin OH 43017	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00369090	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>31887.26</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.** Full Name (Last, First, Middle Initial)  
Member One Federal Credit Union

Mailing Address P. O. Box 12288

City State Zip Code  
Roanoke VA 24024-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4882.22

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 7

**Transaction ID:** 80121.C25256

Amount of Each Receipt this Period  
498.99

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

**B.** Full Name (Last, First, Middle Initial)  
Member One Federal Credit Union

Mailing Address P. O. Box 12288

City State Zip Code  
Roanoke VA 24024-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5367.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

**Transaction ID:** 80121.C25257

Amount of Each Receipt this Period  
485.11

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

**C.** Full Name (Last, First, Middle Initial)  
Member One Federal Credit Union

Mailing Address P. O. Box 12288

City State Zip Code  
Roanoke VA 24024-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5870.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80121.C25258

Amount of Each Receipt this Period  
503.51

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1487.61**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 56  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.**

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt MM / DD / YYYY 10 / 31 / 2007
Mailing Address 510 S Jefferson Street		<b>Transaction ID:</b> 80121.C25259
City Roanoke	State VA	Zip Code 24011-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 501.98
Name of Employer Suntrust Bank	Occupation	Interest Received
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3748.51	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt MM / DD / YYYY 11 / 30 / 2007
Mailing Address 510 S Jefferson Street		<b>Transaction ID:</b> 80121.C25260
City Roanoke	State VA	Zip Code 24011-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 487.39
Name of Employer Suntrust Bank	Occupation	Interest Received
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4235.90	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial) Suntrust Bank		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
Mailing Address 510 S Jefferson Street		<b>Transaction ID:</b> 80121.C25261
City Roanoke	State VA	Zip Code 24011-
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 478.63
Name of Employer Suntrust Bank	Occupation	Interest Received
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4714.53	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1468.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 56  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
38150.68

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2007

**Transaction ID:** 80121.C25249

Amount of Each Receipt this Period  
247.40

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

**B.**

Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
38741.06

Date of Receipt  
MM / DD / YYYY  
10 / 31 / 2007

**Transaction ID:** 80121.C25250

Amount of Each Receipt this Period  
590.38

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

**C.**

Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
41261.61

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2007

**Transaction ID:** 80121.C25251

Amount of Each Receipt this Period  
2520.55

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3358.33**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 56

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

**A.**

Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
42218.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 80121.C25252

Amount of Each Receipt this Period

957.29

Interest Received

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

**B.**

Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
43015.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: 80121.C25253

Amount of Each Receipt this Period

796.27

Interest Received

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

**C.**

Full Name (Last, First, Middle Initial)  
Wachovia (First Union)

Mailing Address 213 S. Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
45059.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80121.C25255

Amount of Each Receipt this Period

2043.95

Interest Received

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

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

3797.51

**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: <span style="float: right;">PAGE 30 / 56</span>	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Bob Goodlatte for Congress Committee**

**A.**

Full Name (Last, First, Middle Initial) Wachovia (First Union)		Date of Receipt																					
Mailing Address 213 S. Jefferson Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		3	1		2	0	0	7														
City	State	Zip Code	<b>Transaction ID: 80121.C25254</b>																				
Roanoke	VA	24011-	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<b>C</b>	863.22																				
Name of Employer	Occupation																						
Receipt For: 2008	Election Cycle-to-Date ▼																						
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	45922.34																						
<input type="checkbox"/> Other (specify) ▼	Interest Received																						
	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>863.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>10974.67</b>



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

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

FOR LINE NUMBER:  
(check only one)

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

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)  
Bob Goodlatte for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Laura Bell Consulting, Inc.

Transaction ID: 80121.E5187

Mailing Address 4618 Latrobe PI

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	7	7

City Alexandria State VA Zip Code 22311-4956

Amount of Each Disbursement this Period

41.00
-------

Purpose of Disbursement

Category/ Type
-------------------

Stamps  
Candidate Name

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

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

STAMPS

State: District:

B.

Full Name (Last, First, Middle Initial)  
Laura Bell Consulting, Inc.

Transaction ID: 80121.E5189

Mailing Address 4618 Latrobe PI

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	7	7

City Alexandria State VA Zip Code 22311-4956

Amount of Each Disbursement this Period

180.00
--------

Purpose of Disbursement

Category/ Type
-------------------

Website Host Fee  
Candidate Name

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

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

WEBSITE HOST FEE

State: District:

C.

Full Name (Last, First, Middle Initial)  
Laura Bell Consulting, Inc.

Transaction ID: 80121.E5190

Mailing Address 4618 Latrobe PI

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	7	7

City Alexandria State VA Zip Code 22311-4956

Amount of Each Disbursement this Period

8.73
------

Purpose of Disbursement

Category/ Type
-------------------

Mileage  
Candidate Name

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

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

MILEAGE

State: District:

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

229.73
--------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Laura Bell Consulting, Inc.  Mailing Address 4618 Latrobe PI  City Alexandria State VA Zip Code 22311-4956 Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5191 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 275.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  REIMBURSEMENT: SEE BELOW
<b>B.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club  Mailing Address 300 First Street, SE  City Washington State DC Zip Code 20003- Purpose of Disbursement Catering Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5192 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 275.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> MEMO: CATERING EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Laura Bell Consulting, Inc.  Mailing Address 4618 Latrobe PI  City Alexandria State VA Zip Code 22311-4956 Purpose of Disbursement Fundraising Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5193 Date of Disbursement 11 / 15 / 2007  Amount of Each Disbursement this Period 4500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTING

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4775.18

**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)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Laura Bell Consulting, Inc.</p> <p>Mailing Address 4618 Latrobe PI</p> <p>City Alexandria State VA Zip Code 22311-4956</p> <p>Purpose of Disbursement Fundraising Consulting</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5194</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4500.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING CONSULTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Blue Ridge Self Storage</p> <p>Mailing Address P. O. Box 20207</p> <p>City Roanoke State VA Zip Code 24018-</p> <p>Purpose of Disbursement Campaign Storage Unit</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5205</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN STORAGE UNIT</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Blue Ridge Self Storage</p> <p>Mailing Address P. O. Box 20207</p> <p>City Roanoke State VA Zip Code 24018-</p> <p>Purpose of Disbursement Campaign Storage Unit</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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5206</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="81.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN STORAGE UNIT</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="4662.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5207 Date of Disbursement 10 / 29 / 2007 <hr/> Amount of Each Disbursement this Period 82.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CATERING EXPENSE</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Capitol Hill Club <hr/> Mailing Address 300 First Street, SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Catering Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5208 Date of Disbursement 12 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 184.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CATERING EXPENSE</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Cox Communications <hr/> Mailing Address P. O. Box 37235 <hr/> City Baltimore State MD Zip Code 21297-3235 <hr/> Purpose of Disbursement Internet Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5209 Date of Disbursement 10 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 39.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>INTERNET EXPENSE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>307.14</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P. O. Box 37235 City Baltimore State MD Zip Code 21297-3235 Purpose of Disbursement Internet Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5210 Date of Disbursement 11 / 28 / 2007 Amount of Each Disbursement this Period 39.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET EXPENSE
B.	Full Name (Last, First, Middle Initial) Cox Communications Mailing Address P. O. Box 37235 City Baltimore State MD Zip Code 21297-3235 Purpose of Disbursement Internet Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5211 Date of Disbursement 12 / 27 / 2007 Amount of Each Disbursement this Period 39.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET EXPENSE
C.	Full Name (Last, First, Middle Initial) Digital Image Printing Mailing Address 1615 Roanoke Road City Roanoke State VA Zip Code 24019- Purpose of Disbursement Printing Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5223 Date of Disbursement 11 / 19 / 2007 Amount of Each Disbursement this Period 78.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING EXPENSE

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

157.84

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Digital Image Printing <hr/> Mailing Address 1615 Roanoke Road <hr/> City Roanoke State VA Zip Code 24019- <hr/> Purpose of Disbursement Printing-Christmas Cards Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5225 Date of Disbursement 12 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 6147.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING-CHRISTMAS CARDS
<b>B.</b>	Full Name (Last, First, Middle Initial) Digital Image Printing <hr/> Mailing Address 1615 Roanoke Road <hr/> City Roanoke State VA Zip Code 24019- <hr/> Purpose of Disbursement Printing Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5226 Date of Disbursement 12 / 10 / 2007 <hr/> Amount of Each Disbursement this Period 3634.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) The Family Foudation <hr/> Mailing Address One Capital Square 830 East Main Street, Suite 1201 <hr/> City Richmond State VA Zip Code 23219- <hr/> Purpose of Disbursement Dinner Sponsor Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5212 Date of Disbursement 11 / 08 / 2007 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DINNER SPONSOR

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**10282.65**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Federal Express Corporation  Mailing Address P. O. Box 1140 Department A  City Memphis State TN Zip Code 38101-  Purpose of Disbursement Shipping Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5199 Date of Disbursement 10 / 19 / 2007  Amount of Each Disbursement this Period 44.02  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SHIPPING EXPENSE
B.	Full Name (Last, First, Middle Initial) Federal Express Corporation  Mailing Address P. O. Box 1140 Department A  City Memphis State TN Zip Code 38101-  Purpose of Disbursement Shipping Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5200 Date of Disbursement 11 / 27 / 2007  Amount of Each Disbursement this Period 39.04  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SHIPPING EXPENSE
C.	Full Name (Last, First, Middle Initial) Federal Express Corporation  Mailing Address P. O. Box 1140 Department A  City Memphis State TN Zip Code 38101-  Purpose of Disbursement Shipping Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5201 Date of Disbursement 12 / 17 / 2007  Amount of Each Disbursement this Period 43.10  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SHIPPING EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**126.16**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) The Freedom Scholarship Fund	Transaction ID: 80121.E5241 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 1975	Amount of Each Disbursement this Period 250.00
	City Harrisonburg State VA Zip Code 22801-9502	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dinner Sponsor Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type DINNER SPONSOR
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Robert W. Goodlatte	Transaction ID: 80121.E5236 Date of Disbursement 11 / 06 / 2007
	Mailing Address 5341 Fox Ridge Road	Amount of Each Disbursement this Period 798.77
	City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type MILEAGE
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Robert W. Goodlatte	Transaction ID: 80121.E5230 Date of Disbursement 11 / 06 / 2007
	Mailing Address 5341 Fox Ridge Road	Amount of Each Disbursement this Period 55.00
	City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event tickets Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type EVENT TICKETS
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1103.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert W. Goodlatte  Mailing Address 5341 Fox Ridge Road  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement Gifts for events Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5231 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 37.10  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>GIFTS FOR EVENTS</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert W. Goodlatte  Mailing Address 5341 Fox Ridge Road  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement REIMBURSTMENT: SEE BELOW Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5232 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 474.41  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>REIMBURSTMENT: SEE BELOW</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Rocklands Barbeque and Grilling Co.  Mailing Address 2418 Wisconsin Ave NW  City Washington State DC Zip Code 20007-1845  Purpose of Disbursement Catering Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5237 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 474.41  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> <b>MEMO: CATERING EXPENSE</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**511.51**

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Robert W. Goodlatte  Mailing Address 5341 Fox Ridge Road  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement GOP Committee Dues Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5234 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  GOP COMMITTEE DUES
B.	Full Name (Last, First, Middle Initial) Robert W. Goodlatte  Mailing Address 5341 Fox Ridge Road  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement Catering Expense Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5233 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 155.18  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CATERING EXPENSE
C.	Full Name (Last, First, Middle Initial) Robert W. Goodlatte  Mailing Address 5341 Fox Ridge Road  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement Meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5229 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 134.30  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MEALS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	309.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert W. Goodlatte  Mailing Address 5341 Fox Ridge Road  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80121.E5235 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 7	Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
<b>B.</b>	Full Name (Last, First, Middle Initial) Hinaman & Company  Mailing Address 703 Day Avenue  City Alexandria State VA Zip Code 22314-  Purpose of Disbursement Campaign Consulting/Strategy/Media Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80121.E5195 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 7	Amount of Each Disbursement this Period 4500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CAMPAIGN CONSULTING/STRAT-EGY/MEDIA
<b>C.</b>	Full Name (Last, First, Middle Initial) Hinaman & Company  Mailing Address 703 Day Avenue  City Alexandria State VA Zip Code 22314-  Purpose of Disbursement Campaign Consulting/Strateby/Media Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80121.E5196 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 7	Amount of Each Disbursement this Period 4500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CAMPAIGN CONSULTING/STRAT-EBY/MEDIA

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9020.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Hinaman & Company

Mailing Address 703 Day Avenue

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Campaign Consulting/Strategy/Media

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80121.E5197  
Date of Disbursement

12 / 15 / 2007

Amount of Each Disbursement this Period

4500.00

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

CAMPAIGN CONSULTING/STRATEGY/MEDIA

B.

Full Name (Last, First, Middle Initial)  
Molly Koon

Mailing Address 6432 Poage Valley Road, Ext.

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
Payroll Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80121.E5157  
Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1929.22

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

PAYROLL EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Molly Koon

Mailing Address 6432 Poage Valley Road, Ext.

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
Mileage

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 80121.E5158  
Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

121.20

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

MILEAGE

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

6550.42

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Molly Koon <hr/> Mailing Address 6432 Poage Valley Road, Ext. <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement Door to Door GOTV Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	<b>Transaction ID:</b> 80121.E5159 <b>Date of Disbursement</b> 10 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 155.58 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  DOOR TO DOOR GOTV
<b>B.</b>	Full Name (Last, First, Middle Initial) Molly Koon <hr/> Mailing Address 6432 Poage Valley Road, Ext. <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement Payroll Expense Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	<b>Transaction ID:</b> 80121.E5160 <b>Date of Disbursement</b> 11 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 1929.22 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PAYROLL EXPENSE
<b>C.</b>	Full Name (Last, First, Middle Initial) Molly Koon <hr/> Mailing Address 6432 Poage Valley Road, Ext. <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement Mileage Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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:	<b>Transaction ID:</b> 80121.E5161 <b>Date of Disbursement</b> 11 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 224.12 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  MILEAGE

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2308.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Molly Koon	Transaction ID: 80121.E5162 Date of Disbursement 12 / 01 / 2007
	Mailing Address 6432 Poage Valley Road, Ext.	Amount of Each Disbursement this Period 1929.22
	City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAYROLL EXPENSE

B.	Full Name (Last, First, Middle Initial) Molly Koon	Transaction ID: 80121.E5163 Date of Disbursement 12 / 27 / 2007
	Mailing Address 6432 Poage Valley Road, Ext.	Amount of Each Disbursement this Period 122.85
	City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mileage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		MILEAGE

C.	Full Name (Last, First, Middle Initial) Lynchburg College Republicans	Transaction ID: 80121.E5198 Date of Disbursement 10 / 19 / 2007
	Mailing Address	Amount of Each Disbursement this Period 300.00
	City Lynchburg State VA Zip Code 24501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CONTRIBUTION

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2352.07
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Mamie Vest Associates <hr/> Mailing Address 754 Welton Avenue <hr/> City Roanoke State VA Zip Code 24015- <hr/> Purpose of Disbursement Photography Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5227 Date of Disbursement 12 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 1401.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHOTOGRAPHY EXPENSE
B.	Full Name (Last, First, Middle Initial) Brandon Moore <hr/> Mailing Address 3304 Circle Brook Drive, Apt. I <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement Payroll Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5164 Date of Disbursement 10 / 01 / 2007 <hr/> Amount of Each Disbursement this Period 992.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL EXPENSE
C.	Full Name (Last, First, Middle Initial) Brandon Moore <hr/> Mailing Address 3304 Circle Brook Drive, Apt. I <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement Dinner Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5165 Date of Disbursement 10 / 24 / 2007 <hr/> Amount of Each Disbursement this Period 97.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DINNER EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2491.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Brandon Moore <hr/> Mailing Address 3304 Circle Brook Drive, Apt. I <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement Mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5169 Date of Disbursement 12 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 509.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>MILEAGE</b>
B.	Full Name (Last, First, Middle Initial) Brandon Moore <hr/> Mailing Address 3304 Circle Brook Drive, Apt. I <hr/> City Roanoke State VA Zip Code 24018- <hr/> Purpose of Disbursement GOP Advance Registration Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5170 Date of Disbursement 12 / 04 / 2007 <hr/> Amount of Each Disbursement this Period 109.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>GOP ADVANCE REGISTRATION</b>
C.	Full Name (Last, First, Middle Initial) Republican Party of Virginia <hr/> Mailing Address 115 East Grace St. <hr/> City Richmond State VA Zip Code 23219- <hr/> Purpose of Disbursement Advance Program Ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5222 Date of Disbursement 11 / 19 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>ADVANCE PROGRAM AD</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**1618.25**

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



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address P. O. Box 2979 Dept 82</p> <p>City Omaha State NE Zip Code 68103-2979</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5202</p> <p>Date of Disbursement 10 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 7.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE SUPPLIES</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address P. O. Box 2979 Dept 82</p> <p>City Omaha State NE Zip Code 68103-2979</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5203</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 44.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE SUPPLIES</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address P. O. Box 2979 Dept 82</p> <p>City Omaha State NE Zip Code 68103-2979</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 State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5204</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 92.03</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>OFFICE SUPPLIES</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

144.07

**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 / 56

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Stonebrook Apartments</p> <p>Mailing Address 3301 Circle Brook Drive</p> <p>City Roanoke State VA Zip Code 24018-</p> <p>Purpose of Disbursement Rent-campaign apartment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5171</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 695.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RENT-CAMPAIGN APARTMENT</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Stonebrook Apartments</p> <p>Mailing Address 3301 Circle Brook Drive</p> <p>City Roanoke State VA Zip Code 24018-</p> <p>Purpose of Disbursement Rent-campaign apartment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5172</p> <p>Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 695.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>RENT-CAMPAIGN APARTMENT</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Stonebrook Apartments</p> <p>Mailing Address 3301 Circle Brook Drive</p> <p>City Roanoke State VA Zip Code 24018-</p> <p>Purpose of Disbursement Utilities-campaign apartment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5175</p> <p>Date of Disbursement 12 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 47.24</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>UTILITIES-CAMPAIGN APARTMENT</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**1437.24**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Stonebrook Apartments  Mailing Address 3301 Circle Brook Drive  City Roanoke State VA Zip Code 24018-  Purpose of Disbursement Rent-campaign apartment Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5174 Date of Disbursement 12 / 01 / 2007  Amount of Each Disbursement this Period 695.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  RENT-CAMPAIGN APARTMENT
B.	Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 101 W. Church Avenue  City Roanoke State VA Zip Code 24011-  Purpose of Disbursement Christmas Card Stamps Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5220 Date of Disbursement 11 / 15 / 2007  Amount of Each Disbursement this Period 3854.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CHRISTMAS CARD STAMPS
C.	Full Name (Last, First, Middle Initial) U.S. Postmaster  Mailing Address 101 W. Church Avenue  City Roanoke State VA Zip Code 24011-  Purpose of Disbursement Post Box Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5221 Date of Disbursement 12 / 17 / 2007  Amount of Each Disbursement this Period 68.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POST BOX RENTAL

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4617.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) United States Postmaster  Mailing Address  City State Zip Code Daleville VA 24083-  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5219 Date of Disbursement 11 / 28 / 2007  Amount of Each Disbursement this Period 2214.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  POSTAGE
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P. O. Box 660720  City State Zip Code Dallas TX 75266-0720  Purpose of Disbursement Phone Expense-Voice Mail Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5183 Date of Disbursement 10 / 29 / 2007  Amount of Each Disbursement this Period 38.21  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE EXPENSE-VOICE MAIL
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address P. O. Box 660720  City State Zip Code Dallas TX 75266-0720  Purpose of Disbursement Phone Expense-Voice Mail Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5184 Date of Disbursement 11 / 27 / 2007  Amount of Each Disbursement this Period 38.10  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHONE EXPENSE-VOICE MAIL

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2290.31

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P. O. Box 469 City Coppel State TX Zip Code 75019- Purpose of Disbursement Phone Expense-Campaign Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5180 Date of Disbursement 10 / 12 / 2007 Amount of Each Disbursement this Period 109.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE EXPENSE-CAMPAIGN CE- LL PHONE
B.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P. O. Box 469 City Coppel State TX Zip Code 75019- Purpose of Disbursement Phone Expense-Campaign Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5181 Date of Disbursement 11 / 09 / 2007 Amount of Each Disbursement this Period 112.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE EXPENSE-CAMPAIGN CE- LL PHONE
C.	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P. O. Box 469 City Coppel State TX Zip Code 75019- Purpose of Disbursement Phone Expense-Campaign Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80121.E5182 Date of Disbursement 12 / 17 / 2007 Amount of Each Disbursement this Period 113.86 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PHONE EXPENSE-CAMPAIGN CE- LL PHONE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	336.12
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Wachovia (First Union)	<b>Transaction ID:</b> 80121.E5240 Date of Disbursement 10 / 17 / 2007	
	Mailing Address 213 S. Jefferson Street		
	City Roanoke State VA Zip Code 24011-	Amount of Each Disbursement this Period	819.82
	Purpose of Disbursement 4th Quarter payroll taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4TH QUARTER PAYROLL TAXES
<b>B.</b>	Full Name (Last, First, Middle Initial) Wachovia (First Union)	<b>Transaction ID:</b> 80121.E5239 Date of Disbursement 11 / 27 / 2007	
	Mailing Address 213 S. Jefferson Street		
	City Roanoke State VA Zip Code 24011-	Amount of Each Disbursement this Period	2459.43
	Purpose of Disbursement 4th Quarter payroll taxes	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	4TH QUARTER PAYROLL TAXES
<b>C.</b>	Full Name (Last, First, Middle Initial) Wildlife Center of Virginia	<b>Transaction ID:</b> 80121.E5228 Date of Disbursement 11 / 08 / 2007	
	Mailing Address 1700 N Ellison Cir		
	City Waynesboro State VA Zip Code 22980-2316	Amount of Each Disbursement this Period	350.00
	Purpose of Disbursement Sponsor tickets	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SPONSOR TICKETS

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3629.25

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

A.

Full Name (Last, First, Middle Initial)  
Young & Prickitt

Transaction ID: 80121.E5176  
Date of Disbursement

Mailing Address 111 Franklin Road  
Suite 302

10 / 01 / 2007

City Roanoke State VA Zip Code 24011-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Accounting Expense  
Candidate Name

Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

ACCOUNTING EXPENSE

B.

Full Name (Last, First, Middle Initial)  
Young & Prickitt

Transaction ID: 80121.E5177  
Date of Disbursement

Mailing Address 111 Franklin Road  
Suite 302

11 / 01 / 2007

City Roanoke State VA Zip Code 24011-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Accounting Expense  
Candidate Name

Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

ACCOUNTING EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Young & Prickitt

Transaction ID: 80121.E5178  
Date of Disbursement

Mailing Address 111 Franklin Road  
Suite 302

12 / 01 / 2007

City Roanoke State VA Zip Code 24011-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
Accounting Expense  
Candidate Name

Category/  
Type

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

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

ACCOUNTING EXPENSE

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

1500.00

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

68036.79

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) National Republican Congressional Comm.</p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003-1838</p> <p>Purpose of Disbursement TRANSFER OF EXCESS FUNDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5156</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 10000.00</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) National Republican Congressional Comm.</p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003-1838</p> <p>Purpose of Disbursement TRANSFER OF EXCESS FUNDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5155</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 25000.00</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) National Republican Congressional Comm.</p> <p>Mailing Address 320 1st St SE</p> <p>City Washington State DC Zip Code 20003-1838</p> <p>Purpose of Disbursement TRANSFER OF EXCESS FUNDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80121.E5224</p> <p>Date of Disbursement 11 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	40000.00
<b>TOTAL</b> This Period (last page this line number only) .....	40000.00