

**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 282

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 11 02 2004 In the State of VA

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

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

Election on in the State of

5. Covering Period 10 01 2004 through 10 13 2004

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 2005

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

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bob Goodlatte for Congress Committee

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
1 0 0 1 2 0 0 4 1 0 1 3 2 0 0 4

	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(a)).....	8000.00	938758.25
(b) Total Contribution Refunds (from Line 20(d)).....	1000.00	8510.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7000.00	930248.25
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	10799.34	450247.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	1219.25	5060.29
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9580.09	445187.52
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1084738.63</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 02/2003)

Page 3

Write or Type Committee Name  
 Bob Goodlatte for Congress Committee

Report Covering the Period: From: <sup>M M</sup> 1 0 <sup>D J</sup> 0 1 <sup>Y Y Y Y</sup> 2 0 0 4 To: <sup>V V</sup> 1 0 <sup>U J</sup> 1 3 <sup>Y Y Y Y</sup> 2 0 0 4

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).....	1300.00	
(ii) Unitemized.....	200.00	
(iii) TOTAL of contributions	1500.00	341022.51
from individuals..... ▶		
(b) Political Party Committees.....	0.00	196.00
(c) Other Political Committees (such as PACS).....	6500.00	597539.74
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	8000.00	938758.25
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.).....	1219.25	5060.29
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	15135.49
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	9219.25	958954.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

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

17. OPERATING EXPENDITURES.....	10799.34	450247.81
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
<hr/>		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	7010.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	8510.00
<hr/>		
21. OTHER DISBURSEMENTS.....	12000.00	259000.00
<hr/>		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) [ > ]	23799.34	717757.81

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1099318.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	9219.25
25. SUBTOTAL (add Line 23 and Line 24).....	1109537.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23799.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1084738.63

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

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. AMPAC</b>		Date of Receipt M / D / Y 10 / 12 / 2004
Mailing Address 1101 Vermont Avenue, NW		Transaction ID: 41020.C21117
City	State	Zip Code
Washington	DC	20005-
FEC ID number of contributing federal political committee. <b>C</b> C00000422		Amount of Each Receipt this Period 2500.00
Name of Employer American Medical PAC	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Nat Assoc. of Retired Federal Employees</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address 808 North Washington Street		Transaction ID: 41020.C21118
City	State	Zip Code
Alexandria	VA	22314-
FEC ID number of contributing federal political committee. <b>C</b> C00091581		Amount of Each Receipt this Period 3000.00
Name of Employer NARFE-PAC	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. PepsiCo Concerned Citizens Fund</b>		Date of Receipt M / D / Y 10 / 07 / 2004
Mailing Address		Transaction ID: 41020.C21118
City	State	Zip Code
Purchase	NY	10577-
FEC ID number of contributing federal political committee. <b>C</b> C00039321		Amount of Each Receipt this Period 1000.00
Name of Employer PepsiCo Concerned Citizens Fund	Occupation	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6500.00</b>

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

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

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Andrew Maloney		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2004
Mailing Address 3020 Macomb Street NW		Transaction ID: 41020.C21115
City State Zip Code Washington DC 20008-	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Federalist Group LLC	Occupation Executive	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Edward K. Maloney Jr.		Date of Receipt M / D / Y Y Y Y 10 / 02 / 2004
Mailing Address 8421 Rivers Edge Lane		Transaction ID: 41020.C21114
City State Zip Code Weyers Cave VA 24486-	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer n/a	Occupation Retired	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441af)(441a-1)
Receipt For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1300.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1300.00</b>

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

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

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Bobby May Advertising Specialist		Date of Receipt M / D / Y 10 / 13 / 2004
Mailing Address HC 80 - Box 280		Transaction ID: 41014.C21099
City Hurley	State VA	Zip Code 24620-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1219.25
Name of Employer	Occupation	Offsets to Operating Expenditure Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(f)(441a-1))
Receipt For: 2004 Primary X General Other (specify) ▼	Election Cycle-to-Date ▼ 1219.25	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1219.25</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1219.25</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)

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

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

Full Name (Last, First, Middle Initial)

**A. Digital Image Printing**

Mailing Address 1615 Roanoke Road

City Roanoke State VA Zip Code 24019-

Purpose of Disbursement  
PRINTING EXPENSE

Candidate Name

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

Category/  
Type

Transaction ID: 41020.E3694

Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

438.89

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

PRINTING EXPENSE

Full Name (Last, First, Middle Initial)

**B. First Union / Wachovia Bank**

Mailing Address 213 S. Jefferson Street

City Roanoke State VA Zip Code 24011-

Purpose of Disbursement  
3RD QUARTER PAYROLL TAXES

Candidate Name

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

Category/  
Type

Transaction ID: 41020.E3695

Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

1067.00

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

3RD QUARTER PAYROLL TAXES

Full Name (Last, First, Middle Initial)

**C. Mally Koon**

Mailing Address 6432 Poage Valley Road, Ext

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
PAYROLL

Candidate Name

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

Category/  
Type

Transaction ID: 41020.E3683

Date of Disbursement

10 / 01 / 2004

Amount of Each Disbursement this Period

2425.20

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

PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶

3930.89

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A. Molly Koon

Full Name (Last, First, Middle Initial)

Mailing Address 6432 Poage Valley Road, Ext.

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
REIMBURSEMENT: SEE BELOW

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3687  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
325.00

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

REIMBURSEMENT: SEE BELOW

B. United States Postmaster

Full Name (Last, First, Middle Initial)

Mailing Address Main Post Office

City Roanoke State VA Zip Code 24022-

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3688  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
325.00

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

[MEMO ITEM]  
MEMO: POSTAGE

C. Molly Koon

Full Name (Last, First, Middle Initial)

Mailing Address 6432 Poage Valley Road, Ext.

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
EVENT EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3689  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
11.72

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

EVENT EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ 336.72

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 10 / 18

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

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

A. 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  
TELEPHONE EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3685  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
25.03

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

TELEPHONE EXPENSE

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  
EVENT EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3680  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
46.51

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

EVENT 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  
TELEPHONE EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3686  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
55.83

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

TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶ **127.37**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

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

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

Full Name (Last, First, Middle Initial)  
**A. Molly Koon**

Mailing Address 6432 Poage Valley Road, Ext.

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
MILEAGE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3684  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
185.76

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

MILEAGE

Full Name (Last, First, Middle Initial)  
**B. Republican Party of Virginia**

Mailing Address 115 East Grace St.

City Richmond State VA Zip Code 23210-

Purpose of Disbursement  
CAMPAIGN MATERIALS

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3706  
Date of Disbursement  
10 / 06 / 2004

Amount of Each Disbursement this Period  
4200.00

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

CAMPAIGN MATERIALS

Full Name (Last, First, Middle Initial)  
**C. Rev Net**

Mailing Address P.O. Box 20984

City Roanoke State VA Zip Code 24018-

Purpose of Disbursement  
INTERNET EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3707  
Date of Disbursement  
10 / 07 / 2004

Amount of Each Disbursement this Period  
138.00

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

INTERNET EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4523.76**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

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

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

**A.** Full Name (Last, First, Middle Initial)  
Shaffers Barbeque Service

Mailing Address P. O. Box 487

City Woodstock State VA Zip Code 22604-

Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3692  
Date of Disbursement  
10 / 02 / 2004

Amount of Each Disbursement this Period  
656.00

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

CATERING EXPENSE

**B.** Full Name (Last, First, Middle Initial)  
Silver Pig Barbeque

Mailing Address 4835 S. Amherst Highway

City Madison Heights State VA Zip Code 24572-

Purpose of Disbursement  
CATERING EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3711  
Date of Disbursement  
10 / 13 / 2004

Amount of Each Disbursement this Period  
475.00

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

CATERING EXPENSE

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

Mailing Address P. O. Box 277B3

City Baltimore State MD Zip Code 21297-

Purpose of Disbursement  
TELEPHONE EXPENSE

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/ Type

Transaction ID: 41020.E3713  
Date of Disbursement  
10 / 07 / 2004

Amount of Each Disbursement this Period  
66.60

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

TELEPHONE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional) ▶ **1200.60**

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

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

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

FOR LINE NUMBER:  
 (check only one)

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

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

Full Name (Last, First, Middle Initial)  
 A. Virginia Dept of Taxation

Mailing Address P. O. Box 1500

City Richmond State VA Zip Code 23212-

Purpose of Disbursement  
 3RD QUARTER PAYROLL TAXES

Candidate Name

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

Category/  
 Type

Transaction ID: 41020.E3696  
 Date of Disbursement

10 / 05 / 2004

Amount of Each Disbursement this Period

180.00

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

3RD QUARTER PAYROLL TAXES

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

Mailing Address 111 Franklin Road  
 Suite 302

City Roanoke State VA Zip Code 24011-

Purpose of Disbursement  
 ACCOUNTING EXPENSE

Candidate Name

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

Category/  
 Type

Transaction ID: 41020.E3691  
 Date of Disbursement

10 / 02 / 2004

Amount of Each Disbursement this Period

500.00

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

ACCOUNTING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ▶

680.00

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

10799.34

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

Use separate schedule(s)  
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<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

Full Name (Last, First, Middle Initial)  
**A. Bob Beauprez for Congress**

Mailing Address 6329 DeFrame Way

City Arvada State CO Zip Code 80004-

Purpose of Disbursement  
 HOUSE-GENERAL

Candidate Name  
 ROBERTLOUIS BEAUPREZ

Office Sought:  House  
                    Senate  
                    President

State: CO District: D7

Disbursement For: 2004  
                            Primary    General  
                           Other (specify) ▼

Category/  
 Type

Transaction ID: 41020.E3701  
 Date of Disbursement  
 10 / 06 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**B. Jim Demint for Senate**

Mailing Address 701 Gervais Street, Suite 150-178

City Columbia State SC Zip Code 29201-

Purpose of Disbursement  
 SENATE-GENERAL

Candidate Name  
 JAMESW DEMINT

Office Sought:  House  
                    Senate  
                    President

State: SC District: D0

Disbursement For: 2004  
                            Primary    General  
                           Other (specify) ▼

Category/  
 Type

Transaction ID: 41020.E3700  
 Date of Disbursement  
 10 / 06 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

Full Name (Last, First, Middle Initial)  
**C. Thelma Drake for Congress**

Mailing Address P. O. Box 81480.

City Virginia Beach State VA Zip Code 23468-

Purpose of Disbursement  
 HOUSE-GENERAL

Candidate Name

Office Sought:  House  
                    Senate  
                    President

State: District

Disbursement For: 2004  
                            Primary    General  
                           Other (specify) ▼

Category/  
 Type

Transaction ID: 41020.E3710  
 Date of Disbursement  
 10 / 13 / 2004

Amount of Each Disbursement this Period  
 1000.00

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

**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  
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<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

Full Name (Last, First, Middle Initial)  
A. Jeff Fortenberry for Congress

Mailing Address 6415 Rainer Drive

City Lincoln State NE Zip Code 68510-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
JEFFREYLANE FORTENBERRY

Office Sought:  House  
Senate  
President

State: NE District: D1

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3699

Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
B. Jim Gerlach for Congress

Mailing Address 649 Deep Hollow Road

City Chester Springs State PA Zip Code 19425-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
JIM GERLACH

Office Sought:  House  
Senate  
President

State: PA District: D6

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3705

Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
C. Virginia Johnson for Congress

Mailing Address P. O. Box 9284

City Greensboro State NC Zip Code 27429-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
VIRGINIAHURT JOHNSON

Office Sought:  House  
Senate  
President

State: NC District: 13

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3693

Date of Disbursement

10 / 04 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)  
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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
Bob Goodlatte for Congress Committee

Full Name (Last, First, Middle Initial)  
A. Mark Kennedy for Congress

Mailing Address 11426 County Road 13 SE

City Watertown State MN Zip Code 55388-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
MARKRAYMOND KENNEDY

Office Sought:  House  
Senate  
President

State: MN District D8

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3698

Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
B. Dave Reichert for Congress

Mailing Address 3887 Arlington Drive

City Saint Paul State MN Zip Code 55120-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
DAVE REICHERT

Office Sought:  House  
Senate  
President

State: WA District D8

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3708

Date of Disbursement

10 / 12 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
C. Rick Renzi for Congress

Mailing Address 2083 Raintree Drive

City Flagstaff State AZ Zip Code 86004-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
RICHARDGEORGE RENZI

Office Sought:  House  
Senate  
President

State: AZ District D1

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3703

Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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



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

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

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(check only one)

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<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

Full Name (Last, First, Middle Initial)  
A. Rob Simmons for Congress

Mailing Address P. O. Box 288

City State Zip Code  
Stonington CT 06378-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
ROB SIMMONS

Office Sought:  House  
Senate  
President  
State: CT District: D2

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3702  
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
B. Greg Walcher for Congress

Mailing Address P. O. Box 1393

City State Zip Code  
Palisado CO 81526-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
GREGORY EDWARD WALCHER

Office Sought:  House  
Senate  
President  
State: CO District: D3

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3704  
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)  
C. Heather Wilson for Congress

Mailing Address P. O. Box 14070

City State Zip Code  
Albuquerque NM 87191-

Purpose of Disbursement  
HOUSE-GENERAL

Candidate Name  
HEATHER A WILSON

Office Sought:  House  
Senate  
President  
State: NM District: D1

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

Category/  
Type

Transaction ID: 41020.E3697  
Date of Disbursement

10 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

12000.00

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
 (check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ACRE

Mailing Address 4301 Wilson Boulevard

City Arlington State VA Zip Code 22203-1880

Purpose of Disbursement  
 Refund of Contribution

Candidate Name

Office Sought: House Senate President  
 Disbursement For: 2004 Primary X General Other (specify) ▼

State: District

Transaction ID: 41020.E3712

Date of Disbursement

10 / 13 / 2004

Amount of Each Disbursement this Period

1000.00

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

010  
 Category/  
 Type

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00