



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Rob Wittman for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 130069.00               | 418867.56                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | .00                     | .00                                |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                             | 130069.00               | 418867.56                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 62150.72                | 321056.05                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | .00                     | 350.00                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 62150.72                | 320706.05                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 1021471.98              |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | .00                     |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | .00                     |                                    |

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Rob Wittman for Congress**

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

| <b>I. RECEIPTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>  |                                       |  |
| (a) Individuals/Persons Other Than Political Committees  |                                       |  |
| (i) Itemized (use Schedule A).....   | 40180.00                              | 145070.00                                  |
| (ii) Unitemized.....   | 12189.00                              | 40497.56                                   |
| (iii) TOTAL of contributions from individuals ▶  | 52369.00                              | 185567.56                                  |
| (b) Political Party Committees.....  | .00                                   | .00  |
| (c) Other Political Committees (such as PACs).....   | 77700.00                              | 233300.00                                  |
| (d) The Candidate.....   | .00                                   | .00  |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..                     | 130069.00                             | 418867.56                                  |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>  | .00                                   | .00  |
| <b>13. LOANS:</b>  |                                       |  |
| (a) Made or Guaranteed by the Candidate.....   | .00                                   | .00  |
| (b) All Other Loans.....   | .00                                   | .00  |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....   | .00                                   | .00  |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>                                | .00                                   | 350.00                                     |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>   | .00                                   | .00  |
| <b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b> | 130069.00                             | 419217.56                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 62150.72                      | 321056.05                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | .00                           | .00                                |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | .00                           | .00                                |
| (b) Of All Other Loans .....   | .00                           | .00                                |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | .00                           | .00                                |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | .00                           | .00                                |
| (b) Political Party Committees.....  | .00                           | .00                                |
| (c) Other Political Committees<br>(such as PACs).....                        | .00                           | .00                                |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | .00                           | .00                                |
| 21. OTHER DISBURSEMENTS .....  | 31500.00                      | 42390.95                           |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 93650.72                      | 363447.00                          |

**III. CASH SUMMARY**

|   |            |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 985053.70  |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 130069.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 1115122.70 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 93650.72   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1021471.98 |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 5 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Boswell's Used Auto Parts & Towing LLC**

Mailing Address 3854 Jefferson Davis Hwy  
PO Box 683

City Stafford State VA Zip Code 22555

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : SA11Ai-CN19873**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Roy J Boswell**

Mailing Address 3854 Jefferson Davis Hwy

City Stafford State VA Zip Code 22554

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

Name of Employer Occupation  
 Boswell's Used Auto Parts Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : SA11Ai-CN19874**

Amount of Each Receipt this Period  
 500.00

Partnership-Boswell's Used Auto Parts

**[MEMO ITEM]**  
 \$500.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**Hunton & Williams Pllc**

Mailing Address 2200 Pennsylvania Ave NW

City Washington State DC Zip Code 20037

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20110**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Plantation Storage Bluffton**

Mailing Address 94 N Main Street

City Kilmarnock State VA Zip Code 22482

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11Ai-CN19939**

Amount of Each Receipt this Period  
 540.00

**B.** Full Name (Last, First, Middle Initial)  
**Plantation Storage Harscrabble**

Mailing Address 94 N Main Street

City Kilmarnock State VA Zip Code 22482

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11Ai-CN19940**

Amount of Each Receipt this Period  
 540.00

**C.** Full Name (Last, First, Middle Initial)  
**Plantation Storage Myrtle Beach**

Mailing Address 94 N Main Street

City Kilmarnock State VA Zip Code 22482

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11Ai-CN19942**

Amount of Each Receipt this Period  
 540.00

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

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

1620.00

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 7 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Plantation Storage Sparkleberry**

Mailing Address 94 N Main Street

City Kilmarnock State VA Zip Code 22482

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11Ai-CN19941**

Amount of Each Receipt this Period  
 540.00

**B.** Full Name (Last, First, Middle Initial)  
**Southeast Management Company LLC**

Mailing Address 94 N Main Street

City Kilmarnock State VA Zip Code 22482

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11Ai-CN19943**

Amount of Each Receipt this Period  
 540.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Michael B Adams**

Mailing Address 2916 Smithfield Ct

City Fredericksburg State VA Zip Code 22408

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

Name of Employer Occupation  
 Jon Properties President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11Ai-CN20055**

Amount of Each Receipt this Period  
 2700.00

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

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

3780.00

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

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

FOR LINE NUMBER: PAGE 8 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Col. Armando J Arvizu**

Mailing Address 11616 Hoover Lane

City State Zip Code  
Fredericksburg VA 22407

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11Ai-CN20040**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Karen Barrs**

Mailing Address 8066 Little England Rd

City State Zip Code  
Hayes VA 23072

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20085**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. T. H. Birdsong III**

Mailing Address P.O. Box 369

City State Zip Code  
White Stone VA 22578

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

Name of Employer Occupation  
Birdsong Peanuts Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11Ai-CN20010**

Amount of Each Receipt this Period  
250.00

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

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

800.00



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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |              |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Charles R Black**

Mailing Address 681 N Fairfax Ave # 402

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Alexandria | State<br>VA | Zip Code<br>22314 |
|--------------------|-------------|-------------------|

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

|  |                        |
|--|------------------------|
| Name of Employer<br>Prime Policy Group | Occupation<br>Chairman |
|--|------------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11Ai-CN20018**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr James A Branscome**

Mailing Address 1400 Washington Ave

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Fredericksburg | State<br>VA | Zip Code<br>22401 |
|------------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20120**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew Mason Brent**

Mailing Address PO Box 755

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Heathsville | State<br>VA | Zip Code<br>22473 |
|---------------------|-------------|-------------------|

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

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>retired | Occupation<br>retired |
|-----------------------------|-----------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19969**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William T Carreras**

Mailing Address P O Box 1139

City State Zip Code  
Tappahannock VA 22560

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19960**

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Dayle L Collins**

Mailing Address 558 Creek View Ln

City State Zip Code  
Warsaw VA 22572

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11Ai-CN19996**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Jennifer E Crittenden**

Mailing Address P O Box 29

City State Zip Code  
Hardyville VA 23070

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

Name of Employer Occupation  
Main Street Preservation Trust Executive Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2015

**Transaction ID : SA11Ai-CN19912**

Amount of Each Receipt this Period  
250.00

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

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

840.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 11 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Luke Curtas**

Mailing Address 6601 Turkey Run Dr

City State Zip Code  
Fredericksburg VA 22407

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

Name of Employer Occupation  
Mid Atlantic Vinyl Products President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2015

**Transaction ID : SA11Ai-CN19984**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Donald W Dalrymple**

Mailing Address 2801 - 34th PI NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Dalrymple & Associates Principal

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

**Transaction ID : SA11Ai-CN20061**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John F. Fick III**

Mailing Address PO Box 7567

City State Zip Code  
Fredericksburg VA 22404

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

Name of Employer Occupation  
J F Fick Inc Corporate Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : SA11Ai-CN20105**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 12 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Admiral Robert R Fountain**

Mailing Address 4750 Zacata Rd

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Montross | VA    | 22520    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| Retired          | Retired    |

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Ai-CN20062**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Charles P Gilchrist III**

Mailing Address 402 Airport Rd

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| Tappahannock | VA    | 22560    |

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

|                  |             |
|------------------|-------------|
| Name of Employer | Occupation  |
| Self             | Optometrist |

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11Ai-CN20049**

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen M. Goss**

Mailing Address 11305 Beauclaire Boulevard

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| Fredericksburg | VA    | 22408    |

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
| SimVentions Inc  | VP/CFO     |

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11Ai-CN20074**

Amount of Each Receipt this Period

1500.00

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

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

2250.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 13 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Kaylene H. Green**

Mailing Address **PO Box 410**

City **Reedville** State **VA** Zip Code **22539**

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

Name of Employer **Flagship Government Relations Inc.** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 17 / 2015**

**Transaction ID : SA11Ai-CN20052**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Joe A Greene**

Mailing Address **131 Federal Dr**

City **Fredericksburg** State **VA** Zip Code **22405**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 18 / 2015**

**Transaction ID : SA11Ai-CN19864**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mr Joe A Greene**

Mailing Address **131 Federal Dr**

City **Fredericksburg** State **VA** Zip Code **22405**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 21 / 2015**

**Transaction ID : SA11Ai-CN19993**

Amount of Each Receipt this Period  
**100.00**

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

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

**450.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 14 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Edward Gunderson**

Mailing Address 5921 Amberwood Dr

City Naples State FL Zip Code 34110

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

Name of Employer Self Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11Ai-CN19876**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr John J Huber**

Mailing Address 1134 Glebe View Ln

City Lottsburg State VA Zip Code 22511

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19987**

Amount of Each Receipt this Period  
 1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James E Hyland**

Mailing Address 1101 Pennsylvania Ave NW

City Washington State DC Zip Code 20004

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

Name of Employer Pennsylvania Ave Group Occupation President & Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11Ai-CN20017**

Amount of Each Receipt this Period  
 1000.00

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

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

2750.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 15 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |                                  |  |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Mr Douglas F Jenkins Jr</b>   |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>07 / 14 / 2015 |
| Mailing Address 86 Poplar Ct  |                                  | <b>Transaction ID : SA11Ai-CN19826</b>                       |
| City<br>Warsaw  | State<br>VA                      |  |
| FEC ID number of contributing federal political committee.<br>C   |                                  | Amount of Each Receipt this Period<br>250.00                 |
| Name of Employer<br>Bank Of Lancaster   | Occupation<br>Banker             |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Mrs. Joyce Johnson</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 10 / 2015 |
| Mailing Address 1176 Orlo Dr  |                                   | <b>Transaction ID : SA11Ai-CN19878</b>                       |
| City<br>Mc Lean   | State<br>VA                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2700.00                |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker           |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2700.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>Mr. Robert Johnson</b>  |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>08 / 10 / 2015 |
| Mailing Address 1176 Orlo Dr  |                                   | <b>Transaction ID : SA11Ai-CN19877</b>                       |
| City<br>Mc Lean   | State<br>VA                       |  |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Amount of Each Receipt this Period<br>2700.00                |
| Name of Employer<br>The Johnson Group   | Occupation<br>Film Producer       |  |
| Receipt For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2700.00 |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5650.00 |
| <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: (check only one)  | PAGE 16 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert S Larose**

Mailing Address 4511 Singer Ct # 150

City Chantilly State VA Zip Code 20151

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

Name of Employer: Agilex Technologies Inc Occupation: Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 09 / 21 / 2015

**Transaction ID : SA11Ai-CN20016**

Amount of Each Receipt this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jackson T McBroom**

Mailing Address 1661 River Rdg

City Williamsburg State VA Zip Code 23185

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 09 / 29 / 2015

**Transaction ID : SA11Ai-CN20076**

Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles G. McDaniel**

Mailing Address 133 Caroline St

City Fredericksburg State VA Zip Code 22401

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

Name of Employer: Hilldrup Companies Occupation: Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 22 / 2015

**Transaction ID : SA11Ai-CN20054**

Amount of Each Receipt this Period: 500.00

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

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

2700.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 17 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Carolyn E McDonnell**

Mailing Address 1193 Starr Way

City Virginia Beach State VA Zip Code 23454

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

Name of Employer Military Produce Group Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19979**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John Mell**

Mailing Address 513 Charlotte St

City Fredericksbrg State VA Zip Code 22401

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

Name of Employer Self Occupation Lawyer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20084**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. William Sheppard Miller III**

Mailing Address 5310 Edgewater Dr

City Norfolk State VA Zip Code 23508

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

Name of Employer KITCO Fiber Optics Occupation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19967**

Amount of Each Receipt this Period  
 1350.00

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

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

2850.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 18 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr Jonathan K Pittman**

Mailing Address 10604 Mystic Point Dr

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Fredericksburg | State<br>VA | Zip Code<br>22407 |
|------------------------|-------------|-------------------|

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| Name of Employer<br>Radley Chevrolet | Occupation<br>General Manager |
|--------------------------------------|-------------------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20104**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Geoffrey Pohanka Pohanka**

Mailing Address 2120 Polo Pointe Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Vienna | State<br>VA | Zip Code<br>22181 |
|----------------|-------------|-------------------|

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

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Employer<br>Pohanka Honda | Occupation<br>Auto Dealer |
|-----------------------------------|---------------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20077**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr Allen T Pugh**

Mailing Address 3255 Islington Rd

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Warsaw | State<br>VA | Zip Code<br>22572 |
|----------------|-------------|-------------------|

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

|  |                     |
|--|---------------------|
| Name of Employer<br>AI Pugh Distribution | Occupation<br>Owner |
|--|---------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20106**

Amount of Each Receipt this Period  
500.00

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

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

3450.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 19 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Fred M. Rankin**

Mailing Address 4 Derby Dr

City Fredericksburg State VA Zip Code 22405

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Ai-CN20103**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Gilbert L. Shelton**

Mailing Address 18253 Moss Neck Manor Rd

City Fredericksburg State VA Zip Code 22408

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

Name of Employer Self Employed Occupation Investor - Economist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11Ai-CN20057**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Edwin E. Smith Jr.**

Mailing Address PO Box 878

City Tappahannock State VA Zip Code 22560

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19950**

Amount of Each Receipt this Period  
 90.00

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

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

3290.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 20 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Dorcas Hardy Spagnolo**

Mailing Address 11407 Stonewall Jackson Dr

City Spotsylvania State VA Zip Code 22551

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

Name of Employer self-employed Occupation consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11Ai-CN20046**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth Stroud**

Mailing Address 150 Riverside Pkwy Ste 311

City Fredericksburg State VA Zip Code 22406

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

Name of Employer Professional Solutions Delivered Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11Ai-CN20059**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr Jeffrey M Szyperski**

Mailing Address PO Box 38

City Irvington State VA Zip Code 22480

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

Name of Employer Chesapeake Bank Occupation Banker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11Ai-CN19997**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 72 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Trent C Taliaferro**

Mailing Address 416 Wharf Rd

City Tappahannock State VA Zip Code 22560

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

Name of Employer Teakwood Enterprises Occupation Contractor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19968**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Martha G. Welch**

Mailing Address 255 Candy Point Rd

City Heathsville State VA Zip Code 22473

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11Ai-CN19958**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

750.00

40180.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Bankers Association PAC**

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004275**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : SA11C-CN20028**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Companies PAC**

Mailing Address 1015 15th St NW Suite 802

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11C-CN19832**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Federation Of Government Employees PAC**

Mailing Address 80 F St NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00009936**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20113**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 23 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Maritime Officers Voluntary PAC**

Mailing Address PO Box 66

City State Zip Code  
Dania Beach FL 33004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11C-CN19830**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**American Sportfishing Association**

Mailing Address 225 Reinskens Lane  
Ste 420

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00249532**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20098**

Amount of Each Receipt this Period  
700.00

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

Mailing Address 1735 New York Ave NW

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00139071**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11C-CN19833**

Amount of Each Receipt this Period  
1000.00

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

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

4200.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 24 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. Associated Builders and Contractors PAC**

Full Name (Last, First, Middle Initial)  
Associated Builders and Contractors PAC

Mailing Address 4250 Fairfax Dr 9th Floor N

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11C-CN20011**

Amount of Each Receipt this Period  
 1000.00

**B. Associated General Contractors of America PAC**

Full Name (Last, First, Middle Initial)  
Associated General Contractors of America PAC

Mailing Address 2300 Wilson Blvd  
Suite 400

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11C-CN19983**

Amount of Each Receipt this Period  
 2500.00

**C. Bloomin' Brands PAC**

Full Name (Last, First, Middle Initial)  
Bloomin' Brands PAC

Mailing Address 2202 N Westshore Blvd

City State Zip Code  
Tampa FL 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20124**

Amount of Each Receipt this Period  
 2000.00

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

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

5500.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 25 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Burson-Marsteller Young & Rubicam PAC**

Mailing Address 1110 Vermont Ave NW  
Ste 1000

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00201863

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11C-CN20019**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Cox Enterprises PAC**

Mailing Address 975 F St NW  
Ste 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20111**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Cox Enterprises PAC**

Mailing Address 975 F St NW  
Ste 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20122**

Amount of Each Receipt this Period  
 2500.00

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

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

6000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 26 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. Crowley Maritime Corporation PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9487 Regency Square BLVD  
 City Jacksonville State FL Zip Code 32225  
 FEC ID number of contributing federal political committee. **C C00147231**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : SA11C-CN19977**  
 Amount of Each Receipt this Period  
 1000.00

**B. Deloitte Federal Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 365  
 City Washington State DC Zip Code 20044  
 FEC ID number of contributing federal political committee. **C C00211318**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : SA11C-CN19990**  
 Amount of Each Receipt this Period  
 5000.00

**C. Deloitte Federal Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 365  
 City Washington State DC Zip Code 20044  
 FEC ID number of contributing federal political committee. **C C00211318**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : SA11C-CN20005**  
 Amount of Each Receipt this Period  
 5000.00

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

11000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 27 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dyncorp International LLC PAC**

Mailing Address 3190 Fairview Park Dr  
Ste 700

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C C00409979**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

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

**Transaction ID : SA11C-CN19945**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Electrical Contractors PAC**

Mailing Address 3 Bethesda Metro Center Suite 1100

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C C00113811**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 15 / 2015**

**Transaction ID : SA11C-CN19963**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Employees of Northrop Grumman Corporation PAC**

Mailing Address 2980 Fairview Park Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11C-CN20091**

Amount of Each Receipt this Period  
**2500.00**

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

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

**5500.00**

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 28 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. Employees of Northrop Grumman Corporation PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2980 Fairview Park Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Falls Church | State<br>VA | Zip Code<br>22042 |
|----------------------|-------------|-------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20092**

Amount of Each Receipt this Period  
2500.00

**B. Farm Credit Council Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 50 F St NW  
Suite 900

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20001 |
|--------------------|-------------|-------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11C-CN20021**

Amount of Each Receipt this Period  
750.00

**C. Federal Managers Association PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1641 Prince St

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Alexandria | State<br>VA | Zip Code<br>22314 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00164848

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20095**

Amount of Each Receipt this Period  
1000.00

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

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

4250.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 29 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. Fire PAC**

Full Name (Last, First, Middle Initial)  
Fire PAC

Mailing Address 1750 New York Avenue NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11C-CN19961**

Amount of Each Receipt this Period  
 1000.00

**B. Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)  
Fraternity & Sorority Political Action Committee

Mailing Address PO Box 50731

City Washington State DC Zip Code 20091

FEC ID number of contributing federal political committee. **C C00410068**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C-CN19944**

Amount of Each Receipt this Period  
 1000.00

**C. Hardwood Federation PAC**

Full Name (Last, First, Middle Initial)  
Hardwood Federation PAC

Mailing Address 1101 K Street NW  
Suite 700

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00396671**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11C-CN20020**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 30 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harris Corporation Political Action Committee**

Mailing Address 600 Maryland Ave. SW Suite 850E

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20118**

Amount of Each Receipt this Period  
 1000.00

3000.00

**B.** Full Name (Last, First, Middle Initial)  
**Huntington Ingalls Industries PAC**

Mailing Address 300 M St SE Suite 350

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20109**

Amount of Each Receipt this Period  
 1000.00

6000.00

**C.** Full Name (Last, First, Middle Initial)  
**Huntington Ingalls Industries PAC**

Mailing Address 300 M St SE Suite 350

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00325092

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20123**

Amount of Each Receipt this Period  
 1000.00

7000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. Micron Technology Inc PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 S Federal Way  
 City State Zip Code  
 Boise ID 83716  
 FEC ID number of contributing federal political committee. **C C00443671**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015  
**Transaction ID : SA11C-CN20015**  
 Amount of Each Receipt this Period  
 5000.00

**B. NACS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Duke St  
 City State Zip Code  
 Alexandria VA 22314  
 FEC ID number of contributing federal political committee. **C C00126763**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : SA11C-CN19982**  
 Amount of Each Receipt this Period  
 1000.00

**C. National Assn of Insurance & Financial Advisors PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2901 Telestar Ct  
 City State Zip Code  
 Falls Church VA 22042  
 FEC ID number of contributing federal political committee. **C C00005249**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11C-CN20119**  
 Amount of Each Receipt this Period  
 2500.00

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

8500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 32 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. National Emergency Medicine PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 619911  
 City Dallas State TX Zip Code 75261  
 FEC ID number of contributing federal political committee. **C** C00140061  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11C-CN20094**  
 Amount of Each Receipt this Period  
 1500.00

**B. National Marine Manufacturers Association Boat PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 North Capitol St NW Suite 645  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00245548  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : SA11C-CN20047**  
 Amount of Each Receipt this Period  
 4000.00

**C. National Rifle Association of America PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11250 Waples Mill Rd  
 City Fairfax State VA Zip Code 22030  
 FEC ID number of contributing federal political committee. **C** C00053553  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : SA11C-CN20099**  
 Amount of Each Receipt this Period  
 1000.00

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

6500.00



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 33 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A. National Shooting Sports Foundation PAC**

Full Name (Last, First, Middle Initial)  
National Shooting Sports Foundation PAC

Mailing Address 400 N Capitol St NW  
Ste 490

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00480863**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11C-CN20060**

Amount of Each Receipt this Period  
 1500.00

**B. NMHC PAC**

Full Name (Last, First, Middle Initial)  
NMHC PAC

Mailing Address 1850 M Street NW  
Ste 540

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11C-CN19831**

Amount of Each Receipt this Period  
 1000.00

**C. NRDC Action Fund Inc. PAC**

Full Name (Last, First, Middle Initial)  
NRDC Action Fund Inc. PAC

Mailing Address 40 W 20th St  
11th Floor

City New York State NY Zip Code 10011

FEC ID number of contributing federal political committee. **C C00548008**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015

**Transaction ID : SA11C-CN19879**

Amount of Each Receipt this Period  
 250.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 34 OF 72  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Orbital ATK Inc. PAC**

Mailing Address 1300 Wilson Blvd ste 400

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00250209**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20093**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Blvd Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : SA11C-CN20031**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Raytheon Company Political Action Committee**

Mailing Address 1100 Wilson Blvd Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : SA11C-CN20032**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 35 OF 72  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Science Applications Int'l Corp PAC**

Mailing Address 151 Lafayette Drive

City State Zip Code  
Oak Ridge TN 37830

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11C-CN19985**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Science Applications Int'l Corp PAC**

Mailing Address 151 Lafayette Drive

City State Zip Code  
Oak Ridge TN 37830

FEC ID number of contributing federal political committee. **C** C00300418

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20097**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Seafarers Political Action Committee**

Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11C-CN19834**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 36 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Smith & Wesson Holding Corporation Political Actio**

Mailing Address 2100 Roosevelt Ave

City Springfield State MA Zip Code 01104

FEC ID number of contributing federal political committee. **C** C00419051

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20096**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Space Exploration Technologies Corp PAC**

Mailing Address 1 Rocket Rd

City Hawthorne State CA Zip Code 90250

FEC ID number of contributing federal political committee. **C** C00411116

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11C-CN19829**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Textron Inc. Political Action Committee**

Mailing Address 40 Westminster St

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00123612

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11C-CN20100**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 37 OF 72 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |               |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Technologies Employee PAC**

Mailing Address 1101 Pennsylvania Ave NW  
10th Floor

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11C-CN20048**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

77700.00

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 38 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 22 / 2015 |
| Mailing Address PO Box 660720   |  |                   | Amount of Each Disbursement this Period<br>212.37             |
| City<br>Dallas  | State<br>TX  | Zip Code<br>75266 |   |
| Purpose of Disbursement<br>Telephone Expense  |  | Candidate Name    | Transaction ID : SB17-EX3348                                  |
| 001<br>Category/Type  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   | Telephone Expense   |
| State: _____  | District: _____  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015 |
| Mailing Address PO Box 660720   |  |                   | Amount of Each Disbursement this Period<br>203.27             |
| City<br>Dallas  | State<br>TX  | Zip Code<br>75266 |   |
| Purpose of Disbursement<br>Telephone Expense  |  | Candidate Name    | Transaction ID : SB17-EX3294                                  |
| 001<br>Category/Type  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   | Telephone Expense   |
| State: _____  | District: _____  |                   |   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Verizon</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2015 |
| Mailing Address PO Box 660720   |  |                   | Amount of Each Disbursement this Period<br>295.92             |
| City<br>Dallas  | State<br>TX  | Zip Code<br>75266 |   |
| Purpose of Disbursement<br>Telephone Expense  |  | Candidate Name    | Transaction ID : SB17-EX3303                                  |
| 001<br>Category/Type  |  |                   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   | Telephone Expense   |
| State: _____  | District: _____  |                   |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 711.56 |
| <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:<br>(check only one)  | PAGE 39 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015 |
| Mailing Address PO Box 25505  |  | Amount of Each Disbursement this Period<br>65.12              |
| City<br>Lehigh Valley   | State<br>PA  |   |
| Zip Code<br>18002   | Purpose of Disbursement<br>Campaign Cell Phone   | <b>Transaction ID : SB17-EX3295</b>                           |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Campaign Cell Phone   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 25 / 2015 |
| Mailing Address PO Box 25505  |  | Amount of Each Disbursement this Period<br>95.72              |
| City<br>Lehigh Valley   | State<br>PA  |   |
| Zip Code<br>18002   | Purpose of Disbursement<br>Campaign Cell Phone   | <b>Transaction ID : SB17-EX3325</b>                           |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Campaign Cell Phone   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Hill Club</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015 |
| Mailing Address 300 First St SE   |  | Amount of Each Disbursement this Period<br>1908.13            |
| City<br>Washington  | State<br>DC  |   |
| Zip Code<br>20003   | Purpose of Disbursement<br>Food and Beverage   | <b>Transaction ID : SB17-EX3297</b>                           |
| Candidate Name  | 007<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Food and Beverage   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2068.97 |
| <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:<br>(check only one)  | PAGE 40 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Dominion Virginia Power</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 22 / 2015 |
| Mailing Address PO Box 26543  |  | Amount of Each Disbursement this Period<br>99.74              |
| City Richmond   | State VA Zip Code 23290  |   |
| Purpose of Disbursement<br>Office Utilities   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3347</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Utilities  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dominion Virginia Power</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015 |
| Mailing Address PO Box 26543  |  | Amount of Each Disbursement this Period<br>77.16              |
| City Richmond   | State VA Zip Code 23290  |   |
| Purpose of Disbursement<br>Office Utilities   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3292</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Utilities  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dominion Virginia Power</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 18 / 2015 |
| Mailing Address PO Box 26543  |  | Amount of Each Disbursement this Period<br>46.14              |
| City Richmond   | State VA Zip Code 23290  |   |
| Purpose of Disbursement<br>Office Utilities   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3300</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Utilities  |
| State: District:  |  |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 223.04 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |



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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 41 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Carver Partners Lp Llc</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 29 / 2015 |
| Mailing Address PO Box 334  |  |                   | Amount of Each Disbursement this Period<br>400.00             |
| City<br>Montross  | State<br>VA  | Zip Code<br>22520 |   |
| Purpose of Disbursement<br>Office Rent  | Candidate Name   |                   | <b>Transaction ID : SB17-EX3269</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/<br>Type<br>001   |                   | Office Rent   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Carver Partners Lp Llc</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 26 / 2015 |
| Mailing Address PO Box 334  |  |                   | Amount of Each Disbursement this Period<br>400.00             |
| City<br>Montross  | State<br>VA  | Zip Code<br>22520 |   |
| Purpose of Disbursement<br>Office Rent  | Candidate Name   |                   | <b>Transaction ID : SB17-EX3283</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/<br>Type<br>001   |                   | Office Rent   |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Carver Partners Lp Llc</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 28 / 2015 |
| Mailing Address PO Box 334  |  |                   | Amount of Each Disbursement this Period<br>400.00             |
| City<br>Montross  | State<br>VA  | Zip Code<br>22520 |   |
| Purpose of Disbursement<br>Office Rent  | Candidate Name   |                   | <b>Transaction ID : SB17-EX3326</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/<br>Type<br>001   |                   | Office Rent   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1200.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 42 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Town of Montross</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 07 / 2015 |
| Mailing Address PO Box 126  |  | Amount of Each Disbursement this Period<br>27.50         |
| City<br>Montross  | State<br>VA  |  |
| Zip Code<br>22520   | Purpose of Disbursement<br>Utility Expense   | <b>Transaction ID : SB17-EX3251</b>                      |
| Candidate Name  | Category/Type<br>001   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Utility Expense  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Town of Montross</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 18 / 2015 |
| Mailing Address PO Box 126  |  | Amount of Each Disbursement this Period<br>32.50         |
| City<br>Montross  | State<br>VA  |  |
| Zip Code<br>22520   | Purpose of Disbursement<br>Utility Expense   | <b>Transaction ID : SB17-EX3281</b>                      |
| Candidate Name  | Category/Type<br>001   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Utility Expense  |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Town of Montross</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 03 / 2015 |
| Mailing Address PO Box 126  |  | Amount of Each Disbursement this Period<br>27.50         |
| City<br>Montross  | State<br>VA  |  |
| Zip Code<br>22520   | Purpose of Disbursement<br>Utility Expense   | <b>Transaction ID : SB17-EX3293</b>                      |
| Candidate Name  | Category/Type<br>001   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Utility Expense  |
| State: District:  |  |  |

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|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 87.50 |
| <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:<br>(check only one)          | PAGE 43 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Wittman</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address PO Box 999  |  | Amount of Each Disbursement this Period<br>1465.62            |
| City<br>Montross  | State<br>VA  |   |
| Zip Code<br>22520   | Purpose of Disbursement<br>Mileage Reimbursement   | Transaction ID : SB17-EX3266                                  |
| Candidate Name<br>Robert Wittman  | Category/<br>Type<br>002   |   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Mileage Reimbursement   |
| State: VA District: 01  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Executive Press Inc.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 18 / 2015 |
| Mailing Address 10412 Main St  |  | Amount of Each Disbursement this Period<br>3738.18            |
| City<br>Fairfax  | State<br>VA  |   |
| Zip Code<br>22030  | Purpose of Disbursement<br>Direct Mail   | Transaction ID : SB17-EX3279                                  |
| Candidate Name   | Category/<br>Type<br>003   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Direct Mail   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Westmoreland Co Treasurer</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 07 / 2015 |
| Mailing Address PO Box 730   |  | Amount of Each Disbursement this Period<br>122.00             |
| City<br>Montross   | State<br>VA  |   |
| Zip Code<br>22520  | Purpose of Disbursement<br>Office Utilities  | Transaction ID : SB17-EX3252                                  |
| Candidate Name   | Category/<br>Type<br>001   |   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Utilities  |
| State: District:   |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5325.80 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 44 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Westmoreland Co Treasurer</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 14 / 2015 |
| Mailing Address PO Box 730  |  | Amount of Each Disbursement this Period<br>122.00             |
| City<br>Montross  | State<br>VA  |   |
| Zip Code<br>22520   | Purpose of Disbursement<br>Office Utilities  | Transaction ID : SB17-EX3299                                  |
| Candidate Name  | Category/Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Utilities  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Visa Card Bank Of Lancaster</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address P O Box 30131   |  | Amount of Each Disbursement this Period<br>2093.26            |
| City<br>Tampa   | State<br>FL  |   |
| Zip Code<br>33630   | Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW  | Transaction ID : SB17-EX3311                                  |
| Candidate Name  | Category/Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | CREDIT CARD PAYMENT: SEE BELOW                                |
| State: District:  |  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. River Market</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 1 Rappahannock Dr   |   | Amount of Each Disbursement this Period<br>1080.00            |
| City<br>White Stone   | State<br>VA   |   |
| Zip Code<br>22578   | Purpose of Disbursement<br>Food and Beverage  | Transaction ID : SB17-EX3305                                  |
| Candidate Name  | Category/Type<br>007  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | [MEMO ITEM]<br>Food and Beverage                              |
| State: District:  |   |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2215.26 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 45 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Potbelly</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 1900 L St NW  |   | Amount of Each Disbursement this Period<br>177.09             |
| City Washington   | State DC  |   |
| Zip Code 20036  | Purpose of Disbursement<br>Food and Beverage  | Transaction ID : <b>SB17-EX3306</b>                           |
| Candidate Name  | Category/Type<br>007  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | [MEMO ITEM]<br>Food and Beverage                              |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Event Farm</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 248 Victoria St<br>Suite 8  |   | Amount of Each Disbursement this Period<br>150.00             |
| City Cosa Mesa  | State CA  |   |
| Zip Code 92627  | Purpose of Disbursement<br>Event Tickets  | Transaction ID : <b>SB17-EX3307</b>                           |
| Candidate Name  | Category/Type<br>007  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | [MEMO ITEM]<br>Event Tickets                                  |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. City Of Alexandria</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 301 King St   |   | Amount of Each Disbursement this Period<br>3.50               |
| City Alexandria   | State VA  |   |
| Zip Code 22314  | Purpose of Disbursement<br>Parking  | Transaction ID : <b>SB17-EX3308</b>                           |
| Candidate Name  | Category/Type<br>002  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | [MEMO ITEM]<br>Parking  |
| State: District:  |   |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 46 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. USPS</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 16 / 2015 |
| Mailing Address 50 Independence Ave SW<br>Room 2106  |   | Amount of Each Disbursement this Period<br>174.00        |
| City Washington  | State DC  |  |
| Zip Code 20515   | Purpose of Disbursement Postage   | Transaction ID : SB17-EX3309                             |
| Candidate Name   | Category/Type 001   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | [MEMO ITEM]<br>Postage                                   |
| State: District:   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Pierce's Pitt Bar-B-Que</b>                                     |   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 16 / 2015 |
| Mailing Address 447 E Rochambeau Dr  |   | Amount of Each Disbursement this Period<br>508.67        |
| City Williamsburg  | State VA  |  |
| Zip Code 23188   | Purpose of Disbursement Food and Beverage   | Transaction ID : SB17-EX3310                             |
| Candidate Name   | Category/Type 007   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | [MEMO ITEM]<br>Food and Beverage                         |
| State: District:   |   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Visa Card Bank Of Lancaster</b>                                 |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 03 / 2015 |
| Mailing Address P O Box 30131  |  | Amount of Each Disbursement this Period<br>28.54         |
| City Tampa   | State FL   |  |
| Zip Code 33630   | Purpose of Disbursement CREDIT CARD PAYMENT: SEE BELOW   | Transaction ID : SB17-EX3320                             |
| Candidate Name   | Category/Type 001  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | CREDIT CARD PAYMENT: SEE BELOW                           |
| State: District:   |  |  |

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|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 28.54 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 47 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Hill Club</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015 |
| Mailing Address 300 First St SE   |   | Amount of Each Disbursement this Period<br>28.54              |
| City Washington   | State DC Zip Code 20003   |   |
| Purpose of Disbursement<br>Food and Beverage  | Category/Type<br>001  | <b>Transaction ID : SB17-EX3319</b>                           |
| Candidate Name  |   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | <b>[MEMO ITEM]</b><br>Food and Beverage                       |
| State: District:  |   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Visa Card Bank Of Lancaster</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 18 / 2015 |
| Mailing Address P O Box 30131   |  | Amount of Each Disbursement this Period<br>288.15             |
| City Tampa  | State FL Zip Code 33630  |   |
| Purpose of Disbursement<br>CREDIT CARD PAYMENT: SEE BELOW   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3324</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | CREDIT CARD PAYMENT: SEE BELOW                                |
| State: District:  |  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. USPS</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 18 / 2015 |
| Mailing Address 50 Independence Ave SW<br>Room 2106   |   | Amount of Each Disbursement this Period<br>150.60             |
| City Washington   | State DC Zip Code 20515   |   |
| Purpose of Disbursement<br>Postage  | Category/Type<br>001  | <b>Transaction ID : SB17-EX3321</b>                           |
| Candidate Name  |   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Primary 2016 | <b>[MEMO ITEM]</b><br>Postage                                 |
| State: District:  |   |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 288.15 |
| <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:<br>(check only one)          | PAGE 48 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Staples</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 18 / 2015 |
| Mailing Address 3301 Jeff Davis Hwy   |  | Amount of Each Disbursement this Period<br>6971.11       |
| City Alexandria   | State VA   |  |
| Purpose of Disbursement<br>Toner & Copy Paper   | Candidate Name   | Category/<br>Type<br>001                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |  |
| State: District:  | Transaction ID : SB17-EX3323<br><b>[MEMO ITEM]</b><br>Toner & Copy Paper |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Westmoreland News</b>  |   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 16 / 2015 |
| Mailing Address P O Box 8   |   | Amount of Each Disbursement this Period<br>245.00        |
| City Warsaw   | State VA  |  |
| Purpose of Disbursement<br>Print Advertising  | Candidate Name                                    | Category/<br>Type<br>004                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |  |
| State: District:  | Transaction ID : SB17-EX3265<br>Print Advertising |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Catalyst Group RW LLC</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 16 / 2015 |
| Mailing Address 600 Pennsylvania Ave SE Suite 330   |  | Amount of Each Disbursement this Period<br>6726.11       |
| City Washington   | State DC   |  |
| Purpose of Disbursement<br>PAYMENT: SEE BELOW   | Candidate Name                                     | Category/<br>Type<br>003                                 |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |  |
| State: District:  | Transaction ID : SB17-EX3312<br>PAYMENT: SEE BELOW |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 6971.11 |
| <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:<br>(check only one)          | PAGE 49 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Geppetto Catering Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 4505 Queensbury Rd  |  | Amount of Each Disbursement this Period<br>810.50             |
| City<br>Riverdale   | State<br>MD  |   |
| Purpose of Disbursement<br>Food and Beverage  | Zip Code<br>20737  | Transaction ID : SB17-EX3313<br><br>[MEMO ITEM]               |
| Candidate Name  | Category/<br>Type<br>003   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hill Country Barbecue Market</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 410 7th St NW   |  | Amount of Each Disbursement this Period<br>854.06             |
| City<br>Washington  | State<br>DC  |   |
| Purpose of Disbursement<br>Food and Beverage  | Zip Code<br>20004  | Transaction ID : SB17-EX3314<br><br>[MEMO ITEM]               |
| Candidate Name  | Category/<br>Type<br>003   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Wound Tight Sportfishing</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 8220 F St   |  | Amount of Each Disbursement this Period<br>1283.00            |
| City<br>Chesapeake Beach  | State<br>MD  |   |
| Purpose of Disbursement<br>Fishing Charter  | Zip Code<br>20732  | Transaction ID : SB17-EX3315<br><br>[MEMO ITEM]               |
| Candidate Name  | Category/<br>Type<br>003   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 50 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Bistro Bis</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |  |  |
| Mailing Address 15 E St NW                                      |   |  | Amount of Each Disbursement this Period<br>1167.88            |  |  |
| City<br>Washington  | State<br>DC   | Zip Code<br>20001  | Transaction ID : SB17-EX3316                                  |  |  |
| Purpose of Disbursement<br>Food and Beverage                    |   | 003  | [MEMO ITEM]   |  |  |
| Candidate Name  |   | Category/<br>Type  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Hill Club</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |  |  |
| Mailing Address 300 First St SE  |   |  | Amount of Each Disbursement this Period<br>210.67             |  |  |
| City<br>Washington   | State<br>DC   | Zip Code<br>20003  | Transaction ID : SB17-EX3317                                  |  |  |
| Purpose of Disbursement<br>Food and Beverage                           |   | 003  | [MEMO ITEM]   |  |  |
| Candidate Name   |   | Category/<br>Type  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:   |  |   |  |  |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Catalyst Group RW LLC</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |  |  |
| Mailing Address 600 Pennsylvania Ave SE Suite 330                              |   |  | Amount of Each Disbursement this Period<br>2400.00            |  |  |
| City<br>Washington   | State<br>DC   | Zip Code<br>20003  | Transaction ID : SB17-EX3318                                  |  |  |
| Purpose of Disbursement<br>Fundraising Retainer                                |   | 003  | [MEMO ITEM]   |  |  |
| Candidate Name   |   | Category/<br>Type  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/><br>Senate<br><input type="checkbox"/> President<br><input type="checkbox"/> | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:   |  |   |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 51 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|  |             |                        |   |
|--|-------------|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. The Catalyst Group RW LLC</b>   |             |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 31 / 2015                             |
| Mailing Address 600 Pennsylvania Ave SE Suite 330  |             |                        | Amount of Each Disbursement this Period<br>2400.00<br><b>Transaction ID : SB17-EX3289</b> |
| City<br>Washington   | State<br>DC | Zip Code<br>20003      |   |
| Purpose of Disbursement<br>Fundraising Consultant  |             | Candidate Name         | Category/<br>Type<br>003  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |             |                        |   |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Fundraising Consultant |   |
| State: District:   |             |                        |   |

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|--|-------------|------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. The Catalyst Group RW LLC</b>   |             |                        | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2015                             |
| Mailing Address 600 Pennsylvania Ave SE Suite 330  |             |                        | Amount of Each Disbursement this Period<br>2400.00<br><b>Transaction ID : SB17-EX3302</b> |
| City<br>Washington   | State<br>DC | Zip Code<br>20003      |   |
| Purpose of Disbursement<br>Fundraising Consultant  |             | Candidate Name         | Category/<br>Type<br>003  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |             |                        |   |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Fundraising Consultant |   |
| State: District:   |             |                        |   |

|  |             |                   |   |
|--|-------------|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Alice Payne Accounting &amp; Tax Service</b>  |             |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015                           |
| Mailing Address 17190 Kings Hwy  |             |                   | Amount of Each Disbursement this Period<br>75.00<br><b>Transaction ID : SB17-EX3291</b> |
| City<br>Montross   | State<br>VA | Zip Code<br>22520 |   |
| Purpose of Disbursement<br>Payroll Service   |             | Candidate Name    | Category/<br>Type<br>001  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |             |                   |   |
| Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |             | Payroll Service   |   |
| State: District:   |             |                   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4875.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 52 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Windsor-Mount Joy Mutual Insurance Co</b>                                |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 03 / 2015 |
| Mailing Address P O Box 587   |  |                          | Amount of Each Disbursement this Period<br>387.00             |
| City<br>Ephrata   | State<br>PA  | Zip Code<br>17522        | Transaction ID : <b>SB17-EX3296</b>                           |
| Purpose of Disbursement<br>Campaign Office Insurance  |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Campaign Office Insurance                                     |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State:  | District:  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 08 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>2.30               |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : <b>SB17-EX3254</b>                           |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State:  | District:  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 21 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>2.00               |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : <b>SB17-EX3255</b>                           |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State:  | District:  |                          |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 391.30 |
| <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:<br>(check only one)          | PAGE 53 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 22 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>42.20              |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3354                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 28 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>4.30               |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3329                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 04 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>15.50              |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3330                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 44.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 54 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 12 / 2015 |  |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>325.00             |  |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3331                                  |  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | Credit Card Processing Fee                                    |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

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|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 28 / 2015 |  |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>15.50              |  |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3332                                  |  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | Credit Card Processing Fee                                    |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 01 / 2015 |  |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>15.50              |  |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3333                                  |  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | Credit Card Processing Fee                                    |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 356.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 55 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 04 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>40.50              |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        |   |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | <b>Transaction ID : SB17-EX3352</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Credit Card Processing Fee                                    |
| State: District:  |  |                          |   |

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|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 14 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>3.50               |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        |   |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | <b>Transaction ID : SB17-EX3334</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Credit Card Processing Fee                                    |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>21.40              |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        |   |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | <b>Transaction ID : SB17-EX3335</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Credit Card Processing Fee                                    |
| State: District:  |  |                          |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 65.40 |
| <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:<br>(check only one)                                   | PAGE 56 OF 72   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>197.70             |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3349                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 25 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>166.60             |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3350                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 28 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>120.50             |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3351                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 484.80 |
| <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:<br>(check only one)                                   | PAGE 57 OF 72   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 29 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>12.80              |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3353                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: _____  | District: _____  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 29 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>108.50             |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3355                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: _____  | District: _____  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2015 |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>167.50             |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3356                                  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | 001<br>Category/<br>Type |   |
| Candidate Name  |  |                          | Credit Card Processing Fee                                    |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: _____  | District: _____  |                          |   |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 288.80 |
| <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:<br>(check only one)          |                                    | PAGE 58 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Capitol Tech Solutions</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 30 / 2015 |  |
| Mailing Address 1225 8th Street # 425   |  |                          | Amount of Each Disbursement this Period<br>79.60              |  |
| City<br>Sacramento  | State<br>CA  | Zip Code<br>95814        | Transaction ID : SB17-EX3357                                  |  |
| Purpose of Disbursement<br>Credit Card Processing Fee   |  | Category/<br>Type<br>001 | Credit Card Processing Fee                                    |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Virginia Department Of Taxation</b>                                      |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2015 |  |
| Mailing Address P O Box 27264   |  |                          | Amount of Each Disbursement this Period<br>304.00             |  |
| City<br>Richmond  | State<br>VA  | Zip Code<br>23261        | Transaction ID : SB17-EX3336                                  |  |
| Purpose of Disbursement<br>Va Income Tax Withholdings   |  | Category/<br>Type<br>001 | Va Income Tax Withholdings                                    |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Virginia Department Of Taxation</b>                                      |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 12 / 2015 |  |
| Mailing Address P O Box 27264   |  |                          | Amount of Each Disbursement this Period<br>304.00             |  |
| City<br>Richmond  | State<br>VA  | Zip Code<br>23261        | Transaction ID : SB17-EX3341                                  |  |
| Purpose of Disbursement<br>VA Income Tax Withholdings   |  | Category/<br>Type<br>001 | VA Income Tax Withholdings                                    |  |
| Candidate Name  |  |                          |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |  |
| State: District:  |  |                          |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 687.60 |
| <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:<br>(check only one)                                   | PAGE 59 OF 72   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Virginia Department Of Taxation</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 14 / 2015 |
| Mailing Address P O Box 27264   |  | Amount of Each Disbursement this Period<br>304.00             |
| City Richmond   | State VA Zip Code 23261  |   |
| Purpose of Disbursement<br>VA Income Tax Withholdings   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3342</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | VA Income Tax Withholdings                                    |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. U S Treasury</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 14 / 2015 |
| Mailing Address P O Box 804522  |  | Amount of Each Disbursement this Period<br>1842.00            |
| City Cincinnati   | State OH Zip Code 45280  |   |
| Purpose of Disbursement<br>Federal Withholding Taxes  | Category/Type<br>001   | <b>Transaction ID : SB17-EX3337</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Federal Withholding Taxes                                     |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. U S Treasury</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 29 / 2015 |
| Mailing Address P O Box 804522  |  | Amount of Each Disbursement this Period<br>24.00              |
| City Cincinnati   | State OH Zip Code 45280  |   |
| Purpose of Disbursement<br>Federal Withholding Taxes  | Category/Type<br>001   | <b>Transaction ID : SB17-EX3340</b>                           |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Federal Withholding Taxes                                     |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2170.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 60 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. U S Treasury</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 10 / 2015 |
| Mailing Address P O Box 804522  |   | Amount of Each Disbursement this Period<br>1842.00            |
| City Cincinnati State OH Zip Code 45280   | Purpose of Disbursement Federal Withholding Taxes<br>001<br>Category/Type |   |
| Candidate Name  |   | Transaction ID : SB17-EX3338                                  |
| Office Sought: House Senate President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Federal Withholding Taxes   |   |
| State: District:  |   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. U S Treasury</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2015 |
| Mailing Address P O Box 804522  |   | Amount of Each Disbursement this Period<br>1842.00            |
| City Cincinnati State OH Zip Code 45280   | Purpose of Disbursement Federal Withholding Taxes<br>001<br>Category/Type |   |
| Candidate Name  |   | Transaction ID : SB17-EX3339                                  |
| Office Sought: House Senate President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Federal Withholding Taxes   |   |
| State: District:  |   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |
| Mailing Address 332 W Lee Hwy # 303   |  | Amount of Each Disbursement this Period<br>1662.25            |
| City Warrenton State VA Zip Code 20186  | Purpose of Disbursement PAYMENT: SEE BELOW<br>001<br>Category/Type |   |
| Candidate Name  |  | Transaction ID : SB17-EX3257                                  |
| Office Sought: House Senate President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | PAYMENT: SEE BELOW   |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5346.25 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 61 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |
| Mailing Address 332 W Lee Hwy<br># 303  |  | Amount of Each Disbursement this Period<br>1650.00            |
| City Warrenton  | State VA Zip Code 20186  |   |
| Purpose of Disbursement<br>Accounting Services  | Category/Type<br>001   | Transaction ID : SB17-EX3258<br><br>[MEMO ITEM]               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |
| Mailing Address 332 W Lee Hwy<br># 303  |  | Amount of Each Disbursement this Period<br>12.25              |
| City Warrenton  | State VA Zip Code 20186  |   |
| Purpose of Disbursement<br>Postage Reimbursement  | Category/Type<br>001   | Transaction ID : SB17-EX3259<br><br>[MEMO ITEM]               |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 14 / 2015 |
| Mailing Address 332 W Lee Hwy<br># 303  |  | Amount of Each Disbursement this Period<br>1130.14            |
| City Warrenton  | State VA Zip Code 20186  |   |
| Purpose of Disbursement<br>PAYMENT: SEE BELOW   | Category/Type<br>001   | Transaction ID : SB17-EX3274<br><br>PAYMENT: SEE BELOW        |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1130.14 |
| <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:<br>(check only one)  | PAGE 62 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 14 / 2015 |
| Mailing Address 332 W Lee Hwy # 303   |  | Amount of Each Disbursement this Period<br>1100.00            |
| City Warrenton  | State VA Zip Code 20186  |   |
| Purpose of Disbursement<br>Accounting Services  | Category/Type<br>001   | <b>Transaction ID : SB17-EX3275</b><br><br><b>[MEMO ITEM]</b> |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 14 / 2015 |
| Mailing Address 332 W Lee Hwy # 303   |  | Amount of Each Disbursement this Period<br>30.14              |
| City Warrenton  | State VA Zip Code 20186  |   |
| Purpose of Disbursement<br>Postage Reimbursement  | Category/Type<br>001   | <b>Transaction ID : SB17-EX3276</b><br><br><b>[MEMO ITEM]</b> |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2015 |
| Mailing Address 332 W Lee Hwy # 303   |  | Amount of Each Disbursement this Period<br>1106.37            |
| City Warrenton  | State VA Zip Code 20186  |   |
| Purpose of Disbursement<br>PAYMENT: SEE BELOW   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3343</b><br><br>PAYMENT: SEE BELOW |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1106.37 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 63 OF 72                       |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2015 |
| Mailing Address 332 W Lee Hwy<br># 303  |  | Amount of Each Disbursement this Period<br>1100.00            |
| City<br>Warrenton   | State<br>VA  |   |
| Zip Code<br>20186   | Purpose of Disbursement<br>Accounting Services   | Transaction ID : SB17-EX3344                                  |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. FEC Financial Inc.</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2015 |
| Mailing Address 332 W Lee Hwy<br># 303  |  | Amount of Each Disbursement this Period<br>6.37               |
| City<br>Warrenton   | State<br>VA  |   |
| Zip Code<br>20186   | Purpose of Disbursement<br>Postage Reimbursement   | Transaction ID : SB17-EX3345                                  |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Robert Nelson</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |
| Mailing Address 1829 Bay St SE  |  | Amount of Each Disbursement this Period<br>6208.71            |
| City<br>Washington  | State<br>DC  |   |
| Zip Code<br>20003   | Purpose of Disbursement<br>PAYMENT: SEE BELOW  | Transaction ID : SB17-EX3260                                  |
| Candidate Name  | 003<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | PAYMENT: SEE BELOW  |
| State: District:  |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 6208.71 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 64 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Nelson</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |  |  |
| Mailing Address 1829 Bay St SE                                     |  |  | Amount of Each Disbursement this Period<br>6000.00            |  |  |
| City<br>Washington   | State<br>DC  | Zip Code<br>20003  | Transaction ID : SB17-EX3261                                  |  |  |
| Purpose of Disbursement<br>Fundraising Retainer                    |  | Category/<br>Type<br>003   | [MEMO ITEM]   |  |  |
| Candidate Name   |  |  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:  |  |   |  |  |

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|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Capital Grille</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |  |  |
| Mailing Address 601 Pennsylvania Ave NW                             |  |  | Amount of Each Disbursement this Period<br>131.93             |  |  |
| City<br>Washington  | State<br>DC  | Zip Code<br>20004  | Transaction ID : SB17-EX3262                                  |  |  |
| Purpose of Disbursement<br>Food and Beverage                        |  | Category/<br>Type<br>003   | [MEMO ITEM]   |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Evo Bistro</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 2015 |  |  |
| Mailing Address 1313 Old Chain Bridge Rd                        |  |  | Amount of Each Disbursement this Period<br>76.78              |  |  |
| City<br>Mc Lean   | State<br>VA  | Zip Code<br>22101  | Transaction ID : SB17-EX3263                                  |  |  |
| Purpose of Disbursement<br>Food and Beverage                    |  | Category/<br>Type<br>003   | [MEMO ITEM]   |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |



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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 65 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Stacy Whitehouse</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 29 / 2015 |
| Mailing Address 10529 Assembly Dr   |  |                          | Amount of Each Disbursement this Period<br>1348.17            |
| City<br>Fairfax   | State<br>VA  | Zip Code<br>22030        |   |
| Purpose of Disbursement<br>Payroll/Salary   |  | Category/<br>Type<br>001 | <b>Transaction ID : SB17-EX3271</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Payroll/Salary  |
| State: _____  | District: _____  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Stacy Whitehouse</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 29 / 2015 |
| Mailing Address 10529 Assembly Dr   |  |                          | Amount of Each Disbursement this Period<br>587.91             |
| City<br>Fairfax   | State<br>VA  | Zip Code<br>22030        |   |
| Purpose of Disbursement<br>Mileage Reimbursement  |  | Category/<br>Type<br>002 | <b>Transaction ID : SB17-EX3272</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Mileage Reimbursement   |
| State: _____  | District: _____  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Stacy Whitehouse</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 26 / 2015 |
| Mailing Address 10529 Assembly Dr   |  |                          | Amount of Each Disbursement this Period<br>1348.17            |
| City<br>Fairfax   | State<br>VA  | Zip Code<br>22030        |   |
| Purpose of Disbursement<br>Payroll/Salary   |  | Category/<br>Type<br>001 | <b>Transaction ID : SB17-EX3285</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Payroll/Salary  |
| State: _____  | District: _____  |                          |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3284.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 66 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Stacy Whitehouse</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 28 / 2015 |
| Mailing Address 10529 Assembly Dr   |  | Amount of Each Disbursement this Period<br>1348.17            |
| City<br>Fairfax   | State<br>VA  |   |
| Zip Code<br>22030   | Purpose of Disbursement<br>Payroll/Salary  | <b>Transaction ID : SB17-EX3328</b>                           |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Payroll/Salary  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. i360 LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2015 |
| Mailing Address PO Box 37046  |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Baltimore   | State<br>MD  |   |
| Zip Code<br>21297   | Purpose of Disbursement<br>Website Hosting   | <b>Transaction ID : SB17-EX3247</b>                           |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Website Hosting   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. i360 LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 22 / 2015 |
| Mailing Address PO Box 37046  |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Baltimore   | State<br>MD  |   |
| Zip Code<br>21297   | Purpose of Disbursement<br>Website Hosting   | <b>Transaction ID : SB17-EX3346</b>                           |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Website Hosting   |
| State: District:  |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2348.17 |
| <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:<br>(check only one)                                   | PAGE 67 OF 72   |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. i360 LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 14 / 2015 |
| Mailing Address PO Box 37046  |  | Amount of Each Disbursement this Period<br>500.00             |
| City<br>Baltimore   | State<br>MD  |   |
| Zip Code<br>21297   | Purpose of Disbursement<br>Website Hosting   | <b>Transaction ID : SB17-EX3277</b>                           |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Website Hosting   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Holden Lawn Service</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 07 / 2015 |
| Mailing Address 62 Glenn St   |  | Amount of Each Disbursement this Period<br>140.00             |
| City<br>Montross  | State<br>VA  |   |
| Zip Code<br>22520   | Purpose of Disbursement<br>Office Maintenance  | <b>Transaction ID : SB17-EX3250</b>                           |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Maintenance  |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Holden Lawn Service</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 18 / 2015 |
| Mailing Address 62 Glenn St   |  | Amount of Each Disbursement this Period<br>105.00             |
| City<br>Montross  | State<br>VA  |   |
| Zip Code<br>22520   | Purpose of Disbursement<br>Office Maintenance  | <b>Transaction ID : SB17-EX3280</b>                           |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Office Maintenance  |
| State: District:  |  |   |

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|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 745.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 68 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Holden Lawn Service</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 14 / 2015 |
| Mailing Address 62 Glenn St   |  |                   | Amount of Each Disbursement this Period<br>140.00             |
| City<br>Montross  | State<br>VA  | Zip Code<br>22520 |   |
| Purpose of Disbursement<br>Office Maintenance   | Candidate Name   |                   | <b>Transaction ID : SB17-EX3298</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type<br>001   |                   | Office Maintenance  |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Holden Lawn Service</b>  |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 21 / 2015 |
| Mailing Address 62 Glenn St   |  |                   | Amount of Each Disbursement this Period<br>70.00              |
| City<br>Montross  | State<br>VA  | Zip Code<br>22520 |   |
| Purpose of Disbursement<br>Office Maintenance   | Candidate Name   |                   | <b>Transaction ID : SB17-EX3301</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type<br>001   |                   | Office Maintenance  |

|   |  |                   |   |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Porter Group</b>   |  |                   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address 11 D Street NE  |  |                   | Amount of Each Disbursement this Period<br>200.00             |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003 |   |
| Purpose of Disbursement<br>Room Rental  | Candidate Name   |                   | <b>Transaction ID : SB17-EX3253</b>                           |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                   |   |
| State: District:  | Category/Type<br>007   |                   | Room Rental   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 410.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |        |

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

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 69 OF 72                      |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Garrison Coward</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 01 / 2015 |
| Mailing Address 1001 E Main St  |  | Amount of Each Disbursement this Period<br>731.58        |
| City Richmond   | State VA Zip Code 23219  |  |
| Purpose of Disbursement<br>Mileage Reimbursement  | Category/Type<br>002   | <b>Transaction ID : SB17-EX3246</b>                      |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Mileage Reimbursement                                    |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Garrison Coward</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 29 / 2015 |
| Mailing Address 1001 E Main St  |  | Amount of Each Disbursement this Period<br>3680.50       |
| City Richmond   | State VA Zip Code 23219  |  |
| Purpose of Disbursement<br>Payroll/Salary   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3270</b>                      |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Payroll/Salary   |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Garrison Coward</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 03 / 2015 |
| Mailing Address 1001 E Main St  |  | Amount of Each Disbursement this Period<br>703.10        |
| City Richmond   | State VA Zip Code 23219  |  |
| Purpose of Disbursement<br>Mileage Reimbursement  | Category/Type<br>002   | <b>Transaction ID : SB17-EX3256</b>                      |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Mileage Reimbursement                                    |
| State: District:  |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 5115.18 |
| <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:<br>(check only one)  | PAGE 70 OF 72 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Garrison Coward</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 26 / 2015 |
| Mailing Address 1001 E Main St  |  | Amount of Each Disbursement this Period<br>3680.50       |
| City Richmond   | State VA Zip Code 23219  |  |
| Purpose of Disbursement<br>Payroll/Salary   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3284</b>                      |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Payroll/Salary   |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Garrison Coward</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 01 / 2015 |
| Mailing Address 1001 E Main St  |  | Amount of Each Disbursement this Period<br>336.42        |
| City Richmond   | State VA Zip Code 23219  |  |
| Purpose of Disbursement<br>Mileage Reimbursement  | Category/Type<br>002   | <b>Transaction ID : SB17-EX3290</b>                      |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Mileage Reimbursement                                    |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Garrison Coward</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>09 / 28 / 2015 |
| Mailing Address 1001 E Main St  |  | Amount of Each Disbursement this Period<br>3680.50       |
| City Richmond   | State VA Zip Code 23219  |  |
| Purpose of Disbursement<br>Payroll/Salary   | Category/Type<br>001   | <b>Transaction ID : SB17-EX3327</b>                      |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Payroll/Salary   |
| State: District:  |  |  |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 7697.42  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 61874.32 |

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

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 71 OF 72                       |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. National Republican Congressional Committee</b>                          |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 21 / 2015 |
| Mailing Address 320 First Street SE   |  |                          | Amount of Each Disbursement this Period<br>30000.00           |
| City<br>Washington  | State<br>DC  | Zip Code<br>20003        |   |
| Purpose of Disbursement<br>TRANSFER OF EXCESS FUNDS   |  | Category/<br>Type<br>011 | <b>Transaction ID : SB21-EX3268</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | TRANSFER OF EXCESS FUNDS                                      |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Cunningham For Commonwealth's Attorney</b>                               |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2015 |
| Mailing Address PO Box 527  |  |                          | Amount of Each Disbursement this Period<br>250.00             |
| City<br>White Stone   | State<br>VA  | Zip Code<br>22578        |   |
| Purpose of Disbursement<br>Non-Federal Political Contribution   |  | Category/<br>Type<br>011 | <b>Transaction ID : SB21-EX3267</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Non-Federal Political Contribution                            |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of Willie Deutsch</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 31 / 2015 |
| Mailing Address 8832 Middleburg Ct  |  |                          | Amount of Each Disbursement this Period<br>250.00             |
| City<br>Manassas  | State<br>VA  | Zip Code<br>20109        |   |
| Purpose of Disbursement<br>Non-Federal Political Contribution   |  | Category/<br>Type<br>011 | <b>Transaction ID : SB21-EX3286</b>                           |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Non-Federal Political Contribution                            |
| State: District:  |  |                          |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 30500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |

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

|   |   |               |  |  |  |
|---|---|---------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 72 OF 72 |  |  |  |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |               |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Rob Wittman for Congress**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Stanley For Senate</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 31 / 2015 |
| Mailing Address 13508 Booker T Washington Hwy   |  | Amount of Each Disbursement this Period<br>500.00             |
| City Moneta   | State VA   | Zip Code 24121  |
| Purpose of Disbursement<br>Non-Federal Political Contributiobn  | Category/Type<br>011   |   |
| Candidate Name  |  | Transaction ID : SB21-EX3287                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | Non-Federal Political Contributiobn  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Nancy Dye</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>08 / 31 / 2015 |
| Mailing Address 3535 Franklin Rd SW<br>A-2  |  | Amount of Each Disbursement this Period<br>500.00             |
| City Roanoke  | State VA   | Zip Code 24014  |
| Purpose of Disbursement<br>Non-Federal Political Contribution   | Category/Type<br>011   |   |
| Candidate Name  |  | Transaction ID : SB21-EX3288                                  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  | Non-Federal Political Contribution   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y |
| Mailing Address   |  | Amount of Each Disbursement this Period     |
| City  | State  | Zip Code                                    |
| Purpose of Disbursement   | Category/Type  |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 31500.00 |