

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period 01 01 2006 through 03 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Kenneth L. Prickitt

Signature of Treasurer Electronically Filed by Kenneth L. Prickitt Date 04 15 2006

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Bob Goodlatte for Congress Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	223875.00	722275.19
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	223875.00	721775.19
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	78260.81	363471.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	13.71	600.95
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	78247.10	362870.63
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1420301.28</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name  
Bob Goodlatte for Congress Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

97600.00

287100.00

(ii) Unitemized.....

5925.00

34940.00

(iii) TOTAL of contributions

103525.00

322040.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

120350.00

400235.19

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

223875.00

722275.19

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

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

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

14. OFFSETS TO OPERATING EXPENDITURES

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

13.71

600.95

15. OTHER RECEIPTS

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

5636.60

30127.41

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

229525.31

753003.55

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	78260.81	363471.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS.....	26050.00	94200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	104310.81	458171.58

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1295086.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	229525.31
25. SUBTOTAL (add Line 23 and Line 24).....	1524612.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	104310.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1420301.28

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. ACRE**

Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Wilson Boulevard

City State Zip Code  
Arlington VA 22203-1860

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation  
Action Committee For Rural Ele

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2006

**Transaction ID:** 60410.C22704

Amount of Each Receipt this Period  
1000.00

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

**B. AGGPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address Two Nationwide Plaza

City State Zip Code  
Columbus OH 43216-0479

FEC ID number of contributing federal political committee. **C** C00161265

Name of Employer Occupation  
Agriculture for Good Govt PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22655

Amount of Each Receipt this Period  
1000.00

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

**C. ALTRIA PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 120 Park Avenue

City State Zip Code  
New York NY 10017

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation  
Altria Group Inc.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

**Transaction ID:** 60410.C22811

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Am. Veterinary Medical Association

Mailing Address 1101 Vermont Avenue NW, Suite 710

City State Zip Code  
Washington DC 20005-3521

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer American Veterinary Med. Assoc  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22683

Amount of Each Receipt this Period  
5000.00

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

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

Mailing Address 1101 16th Street NW

City State Zip Code  
Washington DC 20036-4803

FEC ID number of contributing federal political committee. **C** C00257956

Name of Employer American Beverage PAC  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 04 / 2006

**Transaction ID:** 60118.C22447

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Electric Power Committee for Re

Mailing Address 801 Pennsylvania Ave. NW, Suite 32

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00096842

Name of Employer American Electric Power Commit  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22672

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
American Intellectual Property Law PAC

Mailing Address 2001 Jefferson Davis Highway, Ste.

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00156935

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22659

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Maritime Officer Voluntary PAC

Mailing Address 490 LEnfant Plaza East SW, Suite

City State Zip Code  
Washington DC 20024

FEC ID number of contributing federal political committee. **C** C00089557

Name of Employer Occupation  
American Maritime Officer Volu

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22663

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Meat Institute Political Action

Mailing Address 1150 Connecticut Avenue NW, 12th f

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00024281

Name of Employer Occupation  
American Meat Institute Politi

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22764

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. American Sugar Cane League PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006
Mailing Address P. O. Drawer 938		<b>Transaction ID: 60410.C22715</b>
City State Zip Code Thibodaux LA 70302	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00081414</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer American Sugar Cane League PAC	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Anheuser-Busch PAC</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006
Mailing Address 1401 I Street NW, Suite 200		<b>Transaction ID: 60410.C22806</b>
City State Zip Code Washington DC 20005-2225	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00034488</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Anheuser-Busch	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Areva, Cogema, Framatome ANP</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address Better Government Committee 4800 Hampden Lane, Suite 1100		<b>Transaction ID: 60410.C22624</b>
City State Zip Code Bethesda MD 20814	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C C00395285</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Areva Cogema Framatome	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Associated Milk Producers PAC

Mailing Address P. O. Box 455

City State Zip Code  
New Ulm MN 56073

FEC ID number of contributing federal political committee. **C** C00330696

Name of Employer Associated Milk Producers PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22612

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
AT&T PAC

Mailing Address 32 Ave. of the Americas

City State Zip Code  
New York NY 10013

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

Name of Employer AT&T PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22754

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Auction Market Political Action Comm.

Mailing Address 141 W Jackson Boulevard

City State Zip Code  
Chicago IL 60604

FEC ID number of contributing federal political committee. **C** C00059832

Name of Employer Auction Markets PAC of The Chi Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22756

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 121
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 100 Bayer Road

City State Zip Code  
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Bayer Corporation Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22758

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1625 K Street NW, Suite 1100

City State Zip Code  
Washington DC 20006-1621

FEC ID number of contributing federal political committee. **C** C00355677

Name of Employer Biotechnology Industry Org. Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22679

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Capital One Associates PAC

Mailing Address 2980 Fairview Park Drive Suite 1300

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Capital One Assoc PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22761

Amount of Each Receipt this Period  
2500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 121
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Chicago Mercantile Exchange PAC

Mailing Address 2 S. Wacker Drive

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Chicago Mercantile Exchange Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22669

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 1221 Broadway

City Oakland State CA Zip Code 94612

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

Name of Employer Clorox Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22656

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Committee for Advancement of Cotton

Mailing Address P. O. Box 820292

City Memphis State TN Zip Code 38182

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Committee for Advancement of C Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

Transaction ID: 60410.C22755

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Community Action Program Political Actio</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 810 First Street NW, Suite 530		<b>Transaction ID:</b> 60410.C22666	
City State Zip Code Washington DC 20002		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00163048		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Community Action Program Polit		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3500.00	

Full Name (Last, First, Middle Initial) <b>B. Conagra Good Government Association</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 1 Conagra Drive		<b>Transaction ID:</b> 60410.C22705	
City State Zip Code Omaha NE 68102-5001		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00087874		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Conagra Good Government Associ		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Credit Union Lesislarive Action Council</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 805 15th Street, NW 300		<b>Transaction ID:</b> 60410.C22577	
City State Zip Code Washington DC 20005-2207		Amount of Each Receipt this Period 3000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00007880		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Credit Union Legislative Actio		Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1156 15th Street NW, Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00248849

Name of Employer CropLife America Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22677

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dairy Farmers of America DEPAC

Mailing Address 10220 N. Executive Hills Boulevard

City Kansas City State MO Zip Code 65153

FEC ID number of contributing federal political committee. **C** C00001388

Name of Employer Dairy Farmers of America DEPAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22662

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Dealers Election Action Commit Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2006

**Transaction ID:** 60410.C22775

Amount of Each Receipt this Period  
5000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Deloitte & Touche LLP PAC

Mailing Address P. O. Box 365

City State Zip Code  
Washington DC 20044-0365

FEC ID number of contributing federal political committee. **C** C00211318

Name of Employer Deloitte & Touche LLP PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: 60410.C22760

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Dow Chemical Co. Agricultural PAC

Mailing Address 9330 Zionsville Road

City State Zip Code  
Indianapolis IN 46268

FEC ID number of contributing federal political committee. **C** C00207308

Name of Employer AGPAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22664

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 105K Street NW, Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer Drinker Biddle PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22653

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Every Republican is Cricial PAC

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2006

**Transaction ID:** 60410.C22734

Amount of Each Receipt this Period  
 5000.00

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

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

Mailing Address 50 F Street, NW, Suite 900

City Washington State DC Zip Code 20001

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

Name of Employer Farm Credit PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2006

**Transaction ID:** 60410.C22804

Amount of Each Receipt this Period  
 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Food Lion, Inc. PAC

Mailing Address P. O. Box 2351

City Salisbury State NC Zip Code 28145

FEC ID number of contributing federal political committee. **C** C00214304

Name of Employer Food Lion, Inc. PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 08 / 2006

**Transaction ID:** 60410.C22660

Amount of Each Receipt this Period  
 1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 121
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 2001 Pennsylvania Avenue NW, Ste 6

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00133389

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22676

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
General Electric Co. PAC

Mailing Address 1299 Pennsylvania Ave. NW 1100

City State Zip Code  
Washington DC 20004-2407

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

Name of Employer Occupation  
General Electric Co. PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2006

**Transaction ID:** 60410.C22703

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 701 13th Street NW, Suite 710

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

**Transaction ID:** 60410.C22803

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address P. O. Box 34518

City State Zip Code  
Memphis TN 38184-0518

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

Name of Employer Occupation  
Hardwood Federation PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22583

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Hayes Seay Mattern & Mattern, Inc. PAC

Mailing Address 1315 Franklin Road

City State Zip Code  
Roanoke VA 24016

FEC ID number of contributing federal political committee. **C** C00314856

Name of Employer Occupation  
Hayes Seay Mattern & Mattern, Inc.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

**Transaction ID:** 60410.C22714

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
Holland & Knight Comm. for Effective Gov

Mailing Address 2100 Pennsylvania Ave NW 400

City State Zip Code  
Washington DC 20037

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation  
Holland & Knight Comm. for Eff

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22652

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 121  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Ice Cream Milk & Cheese PAC

Mailing Address 1250 H Street, NW 900

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00128231

Name of Employer  
Ice Cream, Milk & Cheese PAC

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22670

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Independent Community Bankers PAC

Mailing Address One Thomas Circle NW, Suite 400

City State Zip Code  
Washington DC 20005

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

Name of Employer

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22582

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Intellectual Property Owners PAC

Mailing Address 1255 23rd Street NW, Suite 850

City State Zip Code  
Washington DC 20037

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

Name of Employer

Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22648

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 4 West Red Oak Lane

City State Zip Code  
White Plains NY 10604

FEC ID number of contributing federal political committee. **C** C00141002

Name of Employer Occupation  
ITT Defense & Electronics

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

**Transaction ID:** 60410.C22671

Amount of Each Receipt this Period  
2500.00

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

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

Mailing Address P.O. Box 1413

City State Zip Code  
Harrisonburg VA 22803

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2006

**Transaction ID:** 60410.C22697

Amount of Each Receipt this Period  
250.00

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

**C.** Full Name (Last, First, Middle Initial)  
Major League Baseball PAC

Mailing Address 1050 Connecticut Avenue, NW  
Suite 1100

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00368142

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

**Transaction ID:** 60410.C22654

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation  
Massachusetts Mutual PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 19 / 2006

**Transaction ID:** 60123.C22499

Amount of Each Receipt this Period  
4000.00

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

**B.** Full Name (Last, First, Middle Initial)  
McGuire Woods Federal PAC

Mailing Address 1 James Center  
901 East Cary Street

City State Zip Code  
Richmond VA 23219-4030

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

Name of Employer Occupation  
McGuire Woods Battle and Booth

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22649

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 97017

City State Zip Code  
Redmond WA 98073-9717

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation  
Microsoft Corporation PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22759

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Monsanto Citizenship Fund

Mailing Address 800 N. Lindbergh Blvd.

City State Zip Code  
St. Louis MO 63167

FEC ID number of contributing federal political committee. **C** C00042069

Name of Employer Occupation  
Monsanto Citizenship Fund

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22665

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Mylan Laboratories, Inc. PAC

Mailing Address 1500 Corporate Drive, Suite 400

City State Zip Code  
Canonsburg PA 15317

FEC ID number of contributing federal political committee. **C** C00332395

Name of Employer Occupation  
Mylan Labs PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22635

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Natl Assoc. of Retired Federal Employee

Mailing Address 606 North Washington Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation  
NARFE-PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22661

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 121  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Nat'l Venture Capital Assoc. PAC

Mailing Address 1655 N. Fort Myer Drive 700

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer National Venture Capital Assoc  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22681

Amount of Each Receipt this Period  
3000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Nat'l Venture Capital Assoc. PAC

Mailing Address 1655 N. Fort Myer Drive 700

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00150367

Name of Employer National Venture Capital Assoc  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60415.C22867

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 1015 15th Street NW  
Suite 930

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer National Chicken PAC  
Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22763

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
National Meat Association PAC

Mailing Address 1970 Broadway, Suite 825  
1970 Broadway

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing federal political committee. **C** C00301671

Name of Employer Natl Meat Assoc. Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2006

Transaction ID: 60410.C22757

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Milk Producers Federation PAC

Mailing Address 2101 Wilson Boulevard 400

City State Zip Code  
Arlington VA 22201

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

Name of Employer National Milk Producers Federa Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22674

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Restaurant Association PAC

Mailing Address 1200 17th Street, NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer National Restaurant Assoc-atio Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2006

Transaction ID: 60410.C22772

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 121  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Nestle Purina (NP-PET) PAC

Mailing Address Checkerboard Square

City State Zip Code  
Saint Louis MO 63164-0001

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

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2006

**Transaction ID:** 60410.C22809

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
New York Mercantile Exchange PAC

Mailing Address One North End Avenue, 14th floor

City State Zip Code  
New York NY 10282

FEC ID number of contributing federal political committee. **C** C00230185

Name of Employer Occupation  
New York Mercantile Exchange

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2006

**Transaction ID:** 60410.C22753

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
New York Mercantile Exchange PAC

Mailing Address One North End Avenue, 14th floor

City State Zip Code  
New York NY 10282

FEC ID number of contributing federal political committee. **C** C00230185

Name of Employer Occupation  
New York Mercantile Exchange

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2006

**Transaction ID:** 60410.C22810

Amount of Each Receipt this Period  
1500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
NRA Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code  
Fairfax VA 22030-7400

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation  
NRA Political Victory Fund

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2006

**Transaction ID:** 60410.C22774

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address P. O. Box 10383

City State Zip Code  
Des Moines IA 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation  
Pork PAC

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 60410.C22762

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Rain & Hail Insurance Society PAC

Mailing Address 9200 NorthPark Drive, Suite 300

City State Zip Code  
Le Mars IA 51031-3006

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation  
Rain & Hail Insurance PAC

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22650

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
S. C. Johnson & Son, Inc. PAC

Mailing Address 1133 Connecticut Avenue NW, Suite

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00342246

Name of Employer Occupation  
SCJ PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 6

**Transaction ID:** 60131.C22506

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
S. C. Johnson & Son, Inc. PAC

Mailing Address 1133 Connecticut Avenue NW, Suite

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00342246

Name of Employer Occupation  
SCJ PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

**Transaction ID:** 60410.C22752

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 2972

City State Zip Code  
Shawnee Mission KS 66201

FEC ID number of contributing federal political committee. **C** C00246736

Name of Employer Occupation  
Seaboard Corp. PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 0 / 2 0 0 6

**Transaction ID:** 60410.C22751

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Smithfield Foods Inc. - HAMPAC

Mailing Address 499 Park Avenue

City State Zip Code  
New York NY 10022

FEC ID number of contributing federal political committee. **C** C00359075

Name of Employer Smithfield Foods Inc. Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2006

Transaction ID: 60410.C22808

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Southern Minnesota Sugar Cooperative PAC

Mailing Address P. O. Box 500

City State Zip Code  
Renville MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Southern Minnesota Sugar Coope Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22680

Amount of Each Receipt this Period  
3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
The ESOP Association PAC

Mailing Address 1726 M Street NW, Suite 501

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Esop PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22642

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 430 First Street SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2006

**Transaction ID:** 60410.C22807

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 2210 Oaklawn Drive

City Springdale State AR Zip Code 72762

FEC ID number of contributing federal political committee. **C** C00257956

Name of Employer Occupation  
TYPAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2006

**Transaction ID:** 60410.C22702

Amount of Each Receipt this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
U.S. Apple Associatin PAC

Mailing Address 8233 Old Courthouse Road, Suite 20

City Vienna State VA Zip Code 22182-3816

FEC ID number of contributing federal political committee. **C** C00344945

Name of Employer Occupation  
US Apple Assoc PAC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2006

**Transaction ID:** 60410.C22750

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
United Egg Assoc. EGGPAC

Mailing Address 1303 Hightower Trail  
Suite 200

City Atlanta State GA Zip Code 30350

FEC ID number of contributing federal political committee. **C** C00172841

Name of Employer United Egg Assoc. EGGPAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22651

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 3800

City Merrifield State VA Zip Code 22116

FEC ID number of contributing federal political committee. **C** C00408906

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22639

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P. O. Box 9777 CH1M31

City Federal Way State WA Zip Code 98063

FEC ID number of contributing federal political committee. **C** C00007948

Name of Employer Weyerhaeuser PAC Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2006

Transaction ID: 60410.C22706

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 121
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
 Wyeth Good Government Fund

Mailing Address **Five Giralda Farms**

City **Madison** State **NJ** Zip Code **07940**

FEC ID number of contributing federal political committee. **C C00115303**

Name of Employer **Wyeth Good Govt Fund** Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 23 / 2006**

Transaction ID: **60410.C22773**

Amount of Each Receipt this Period  
**1000.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>120350.00</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Eleanor Atkins

Mailing Address 3128 Rivermont Avenue

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60410.C22537

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Box 935

City Plains State TX Zip Code 79355

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

Name of Employer self Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 09 / 2006

Transaction ID: 60410.C22511

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3009 Cardinal Place

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2006

Transaction ID: 60410.C22514

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Len Boone

Mailing Address P. O. Box 8156

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Boone Homes Inc. Occupation Builder/Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22788

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P. O. Box 3177

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: 60410.C22609

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address P.O. Box 817

City State Zip Code  
Mount Jackson VA 22842

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

Name of Employer Bowman Apple Products Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1299.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2006

Transaction ID: 60410.C22523

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
James Burruss

Mailing Address 301 Overstreet Lane

City Lynchburg State VA Zip Code 24503

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

Name of Employer Burruss Properties Inc. Occupation Real Estate Bkr

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60410.C22556

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4305 Scenic Highway

City Mount Solon State VA Zip Code 22843

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

Name of Employer Byerly Consulting Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2006

Transaction ID: 60410.C22630

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 316 Winesap Road

City Roanoke State VA Zip Code 24019

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

Name of Employer Dominion Pathology Occupation Pathologist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60410.C22779

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
James Candler

Mailing Address 1004 Williamsburg Place

City Lynchburg State VA Zip Code 24503

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

Name of Employer Candler Oil Company Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60410.C22517

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 502 Willoughby Lane

City Staunton State VA Zip Code 24401

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

Name of Employer Self Employed Occupation Augusta Lumber

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60410.C22709

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 502 Willoughby Lane

City Staunton State VA Zip Code 24401

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

Name of Employer Self Employed Occupation Augusta Lumber

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60410.C22749

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Chaffin

Mailing Address 1896 Tabernacle Lane

City State Zip Code  
Forest VA 24551-3610

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

Name of Employer self Occupation Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60410.C22518

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Elsie M. R. Chittum

Mailing Address 34 Woodland Drive

City State Zip Code  
Staunton VA 24401-2366

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

Name of Employer n/a Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60410.C22722

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 2100 Oak Park Place

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer 1000 Church Street, Inc. Occupation Business Exec

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 6

Transaction ID: 60410.C22557

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Douglas Clark

Mailing Address 4609 Buck Run Court, Apt. H

City State Zip Code  
Roanoke VA 24018

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

Name of Employer Occupation  
Ferrum College VP Enrollment Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22797

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 709 N. Illinois Street

City State Zip Code  
Arlington VA 22205

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

Name of Employer Occupation  
Cornerstone Govt Affairs Lawyer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22637

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2690 Trents Ferry Road

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer Occupation  
Georgia-Pacific, Inc. General Manager

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 12 / 2006

Transaction ID: 60118.C22468

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Pablo Cuevas

Mailing Address 543 Elm Street

City State Zip Code  
Broadway VA 22815

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

Name of Employer Occupation  
Riddleberger Brothers Consultant/VP

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60410.C22735

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address P. O. Box 986

City State Zip Code  
Blacksburg VA 24063

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

Name of Employer Occupation  
BCR Real Estate Owner/Realtor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22795

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 7372 Goods Mill Road

City State Zip Code  
Harrisonburg VA 22801-6026

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60410.C22570

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Walter Curt

Mailing Address 7372 Goods Mill Road

City Harrisonburg State VA Zip Code 22801-6026

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

Name of Employer Power Monitors Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60410.C22569

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 202 River Oaks Drive

City Altavista State VA Zip Code 24517

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

Name of Employer English Construction Co. Occupation General Contractor

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

Transaction ID: 60410.C22610

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3830 Peakland Place

City Lynchburg State VA Zip Code 24503

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

Name of Employer First Federal Savings Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60410.C22533

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
J. T. Davis

Mailing Address 1101 Indian Jim Trail

City State Zip Code  
Nathalie VA 24577

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

Name of Employer Occupation  
J. T. Davis Insurance Agency President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2006

Transaction ID: 60410.C22617

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 116 S. Main Street

City State Zip Code  
Bridgewater VA 22812

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

Name of Employer Occupation  
McGladrey & Pullen CPA

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: 60410.C22748

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4462 N. Pointe Drive

City State Zip Code  
Broadway VA 22815

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

Name of Employer Occupation  
Lantz Construction Co. President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: 60410.C22736

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
William Dudley

Mailing Address 303 Barkley Court

City Lynchburg State VA Zip Code 24503-4222

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60410.C22516

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 7609 Partridge Berry Lane

City Clifton State VA Zip Code 20124-2118

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

Name of Employer Management Concepts, Inc. Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 6

Transaction ID: 60410.C22641

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2310 W. Robinwood Lane

City Fresno State CA Zip Code 93711

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

Name of Employer Paul Reinhart, Inc. Occupation VP Cotton Merchant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60118.C22456

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
 Nancy Dye

Mailing Address 1801 Prospect Road

City State Zip Code  
 Roanoke VA 24014

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

Name of Employer self  
 Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2006

**Transaction ID:** 60410.C22785

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 262 Fairway Drive

City State Zip Code  
 Harrisonburg VA 22802

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

Name of Employer Miller, Earle & Sharks, PL-LC  
 Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 23 / 2006

**Transaction ID:** 60410.C22770

Amount of Each Receipt this Period  
 250.00

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

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

Mailing Address 911 Northfield Court

City State Zip Code  
 Harrisonburg VA 22802

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

Name of Employer self  
 Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2006

**Transaction ID:** 60410.C22698

Amount of Each Receipt this Period  
 250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
 Rodger Fauber

Mailing Address 1423 Trents Ferry Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 08 / 2006

**Transaction ID:** 60410.C22586

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 2116 Oak Park Place

City Lynchburg State VA Zip Code 24503

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

Name of Employer Bwx Technologies Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2006

**Transaction ID:** 60410.C22620

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 9609 Halter Court

City Potomac State MD Zip Code 20854

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

Name of Employer Feld Entertainment, Inc. Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 08 / 2006

**Transaction ID:** 60410.C22658

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
G. Franklin Flippin

Mailing Address P. O. Box 2444

City State Zip Code  
Roanoke VA 24010

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

Name of Employer  
Flippin Densmore Morse Rutherford  
Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60410.C22796

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2508 Langhorne Road

City State Zip Code  
Lynchburg VA 24501

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

Name of Employer  
Forehand, Inc.  
Occupation  
Real Estate

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60410.C22564

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1872 College Avenue

City State Zip Code  
Harrisonburg VA 22801

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

Name of Employer  
self  
Occupation  
Engineer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: 60410.C22738

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
W. Heywood Fralin

Mailing Address 2744 Jefferson Street SE

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Medical Facilities of VA Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2006

Transaction ID: 60410.C22794

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 118 Oakwood Place

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer Centra Health Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2006

Transaction ID: 60118.C22472

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 118 Oakwood Place

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer Centra Health Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2006

Transaction ID: 60410.C22561

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
William French

Mailing Address 9480 Back Road

City State Zip Code  
Maurertown VA 22644

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

Name of Employer self Occupation Dairy Farmer

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60410.C22744

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 3972 Winding Way Road

City State Zip Code  
Roanoke VA 24015

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

Name of Employer n/a Occupation Retired

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22781

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 320 Fairway Drive

City State Zip Code  
Harrisonburg VA 22802

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

Name of Employer Coldwell Banker Funkhouser Rea Occupation Real Estate

Receipt For: 2006 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60410.C22747

Amount of Each Receipt this Period  
600.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Nelson Gardner

Mailing Address P.O. Box 27

City State Zip Code  
Bridgewater VA 22812

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

Name of Employer Occupation  
Self-employed Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60410.C22576

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1695 Trents Ferry Road

City State Zip Code  
Lynchburg VA 24503-6546

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

Name of Employer Occupation  
Genworth Financial President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2006

Transaction ID: 60410.C22619

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 211 Paddington Court

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer Occupation  
Orthopedic Ctr of Central VA Orthopedic Surgeon

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60410.C22563

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 7301 Woodway Lane

City Norfolk State VA Zip Code 23505

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2006

Transaction ID: 60410.C22799

Amount of Each Receipt this Period  
 2000.00

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

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

Mailing Address 6935 Suncrest Drive

City Roanoke State VA Zip Code 24014

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

Name of Employer Foot Levelers, Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2006

Transaction ID: 60410.C22789

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 3118 Hubbard Road, SW

City Roanoke State VA Zip Code 24018

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

Name of Employer Contracting Enterprises Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2006

Transaction ID: 60410.C22784

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 48 / 121
--	--	---------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Hansen Mailing Address 1291 Lakeland Pines Drive City State Zip Code Moneta VA 24121 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 Transaction ID: 60410.C22520 Amount of Each Receipt this Period 2000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Innovative Wireless Tech. President Receipt For: 2006 Election Cycle-to-Date <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 3000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) David Harman Mailing Address 3820 Peakland Place City State Zip Code Lynchburg VA 24503-2012 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6 Transaction ID: 60410.C22565 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Self-employed Physician Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael Harrington Mailing Address 108 Oakwood Place City State Zip Code Lynchburg VA 24503 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 60410.C22600 Amount of Each Receipt this Period 1000.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation Harco, Inc. Engineer Receipt For: 2006 Election Cycle-to-Date <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
John Hazel

Mailing Address P. O. Box 1667

City State Zip Code  
Manassas VA 20108-1667

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

Name of Employer self Occupation Businessman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

Transaction ID: 60410.C22657

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 875 Summit Avenue

City State Zip Code  
Harrisonburg VA 22802

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

Transaction ID: 60410.C22580

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 17094 Cucamonga Avenue

City State Zip Code  
Corona CA 92880

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

Name of Employer Hettinga Dairy Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2006

Transaction ID: 60410.C22647

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
 John Hines

Mailing Address **5273 Peregrine Crest Cir**

City **Roanoke** State **VA** Zip Code **24014**

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

Name of Employer **Vistar Eye Center** Occupation **Ophthalmologist**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 28 / 2006**

**Transaction ID: 60410.C22782**

Amount of Each Receipt this Period  
**250.00**

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

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

Mailing Address **P. O. Box 729**

City **Woodstock** State **VA** Zip Code **22664**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**01 / 26 / 2006**

**Transaction ID: 60131.C22505**

Amount of Each Receipt this Period  
**100.00**

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

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

Mailing Address **P. O. Box 729**

City **Woodstock** State **VA** Zip Code **22664**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 08 / 2006**

**Transaction ID: 60410.C22633**

Amount of Each Receipt this Period  
**50.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address **2245 46th Street NW**

City **Washington** State **DC** Zip Code **20007**

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

Name of Employer **Business Software Allianc** Occupation **President And Ceo**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 08 / 2006**

**Transaction ID: 60410.C22646**

Amount of Each Receipt this Period  
**500.00**

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

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

Mailing Address **P. O. Box 204**

City **Mount Jackson** State **VA** Zip Code **22842**

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

Name of Employer **Holtzman Oil Co.** Occupation **Petroleum Distributor**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 20 / 2006**

**Transaction ID: 60410.C22746**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address **P.O. Box 259**

City **Penhook** State **VA** Zip Code **24137**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 28 / 2006**

**Transaction ID: 60410.C22780**

Amount of Each Receipt this Period  
**250.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
John Hopkins

Mailing Address P. O. Box 27

City State Zip Code  
McGaheysville VA 22840

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

Name of Employer Occupation  
Self-employed Farmer

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60410.C22574

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 220

City State Zip Code  
Weyers Cave VA 24486

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

Name of Employer Occupation  
Houff Transfer, Inc. President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60410.C22743

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 4756 John Scott Drive

City State Zip Code  
Lynchburg VA 24503

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 23 / 2006

Transaction ID: 60410.C22515

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. George Hurt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2006
Mailing Address 853 Russell Wood Drive		Transaction ID: 60410.C22615
City Lynchburg State VA Zip Code 24502	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Physician	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Kahn</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006
Mailing Address 101 Flintlake Drive		Transaction ID: 60410.C22581
City Columbia State SC Zip Code 29223	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Kahn Development Co.	Occupation President	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Annette Kirby</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 3482 West Ridge Road		Transaction ID: 60410.C22787
City Roanoke State VA Zip Code 24014	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer The Achievement Center	Occupation Teachers Aide	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Shireen Kirk

Mailing Address P. O. Box 12626

City State Zip Code  
Roanoke VA 24027

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22801

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 6405 Treetop Circle

City State Zip Code  
Columbia MD 21045

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

Name of Employer Clark & Weinstock Occupation Managing Director

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22644

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 7942 Hollins Court Drive

City State Zip Code  
Roanoke VA 24019

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22792

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Leggett

Mailing Address 2403 Robin Hood Road SE

City State Zip Code  
Roanoke VA 24014

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22778

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 160 - 27th Street  
P. O. Box 13366

City State Zip Code  
Roanoke VA 24014-3366

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22798

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address Genworth Financial  
700 12th Street NW, Suite 710

City State Zip Code  
Washington DC 20005

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

Name of Employer Genworth Financial Occupation Sr. VP Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2006

Transaction ID: 60410.C22623

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address **1505 Linden Avenue**

City **Lynchburg** State **VA** Zip Code **24503**

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

Name of Employer **Attorney** Occupation **Nationwide Insurance**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 11 / 2006**

**Transaction ID: 60410.C22618**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address **410 Neff Avenue**

City **Harrisonburg** State **VA** Zip Code **22801**

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

Name of Employer **Litten & Sipe** Occupation **Attorney**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 11 / 2006**

**Transaction ID: 60410.C22632**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address **2131 Burnt Bridge Road**

City **Lynchburg** State **VA** Zip Code **24503**

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

Name of Employer **n/a** Occupation **Retired**

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 02 / 2006**

**Transaction ID: 60410.C22555**

Amount of Each Receipt this Period  
**250.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Geraldine Maloney

Mailing Address 8421 Rivers Edge Lane

City State Zip Code  
Weyers Cave VA 24486

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60118.C22452

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 4904 Fox Branch Court

City State Zip Code  
Raleigh NC 27614

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

Name of Employer Genworth Mortgage Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 6

Transaction ID: 60410.C22771

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 8174 Eden Valley Road

City State Zip Code  
Harrisonburg VA 22802

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

Name of Employer VPGC Occupation Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 6

Transaction ID: 60410.C22711

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Henry McBride

Mailing Address Highland New Wind Development LLC  
1583 Ridgedale Road

City Harrisonburg State VA Zip Code 22801

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

Name of Employer self Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60410.C22741

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2115 Woodcrest Drive

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2006

Transaction ID: 60410.C22700

Amount of Each Receipt this Period  
100.00

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

**C.** Full Name (Last, First, Middle Initial)  
McGovern & Smith LLC

Mailing Address 1620 L Street, Suite 1210

City Washington State DC Zip Code 20036

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

Name of Employer McGovern & Smith Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22636

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Jack McKee

Mailing Address 9530 Glynn Downing Drive

City Ooltewah State TN Zip Code 37363

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

Name of Employer McKee Foods Corp. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 6

Transaction ID: 60131.C22503

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 5321 Peregrine Crest Cir

City Roanoke State VA Zip Code 24014

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

Name of Employer McLeod & Company Occupation CPA

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: 60410.C22777

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 3333 Peters Creek Road

City Roanoke State VA Zip Code 24019

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

Name of Employer Csm Inc. Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 8 / 2 0 0 6

Transaction ID: 60410.C22793

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 121
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Sonny Meyerhoeffer

Mailing Address 1386 River Bluff Road

City State Zip Code  
Mount Crawford VA 22841-2913

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

Name of Employer Occupation  
VAPGC Management

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: 60410.C22712

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 560 Neff Avenue, Suite 200

City State Zip Code  
Harrisonburg VA 22801

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

Name of Employer Occupation  
Miller & Earle Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 23 / 2006

Transaction ID: 60410.C22522

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 40013

City State Zip Code  
Roanoke VA 24038

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

Name of Employer Occupation  
Gentry Locke Rakes & Moore Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22790

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Elizabeth Muse

Mailing Address P. O. Box 8535

City State Zip Code  
Roanoke VA 24014

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60118.C22455

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1118 Barnacle Drive

City State Zip Code  
Moneta VA 24121-2064

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 2 / 2 0 0 6

Transaction ID: 60410.C22558

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 2353 Highland Farm Road

City State Zip Code  
Roanoke VA 24017

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 6

Transaction ID: 60118.C22454

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Richard Owen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2006	
Mailing Address 415 Second Street NW, Suite 300		Transaction ID: 60410.C22640	
City State Zip Code Washington DC 20002		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Natl Assoc. of Wheat Growers	Occupation Assoc. Executive		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. George Pace</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 503 Fairway Drive		Transaction ID: 60410.C22579	
City State Zip Code Harrisonburg VA 22801		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self	Occupation Business Advisor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Kenneth Patterson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 3270 Reservoir Street		Transaction ID: 60410.C22740	
City State Zip Code Harrisonburg VA 22801		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer D. K. Patterson Const. Inc	Occupation General Contractor		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Lonnie Pilgrim

Mailing Address P.O. Box 93  
110 South Texas Street

City State Zip Code  
Pittsburg TX 75686

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

Name of Employer Pilgrims Pride Occupation Chairman

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22668

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 1535 Loop 179

City State Zip Code  
Pittsburg TX 75686

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

Name of Employer Pilgrims Pride Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22667

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 3556 Wellington Drive SE

City State Zip Code  
Roanoke VA 24014

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

Name of Employer Woods, Rogers & Hazelgrove Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 05 / 2006

Transaction ID: 60118.C22453

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
William Pond

Mailing Address P. O. Box 804

City State Zip Code  
Harrisonburg VA 22803-0804

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2006

Transaction ID: 60410.C22629

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address P.O. Box 11888

City State Zip Code  
Lynchburg VA 24506

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

Name of Employer Taylor-Ramsey Corp. Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22593

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1155 21st Street NW

City State Zip Code  
Washington DC 20036-3308

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

Name of Employer Williams & Jensen Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22638

Amount of Each Receipt this Period  
500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Leon Roday

Mailing Address 9624 Sloman Place

City Richmond State VA Zip Code 23238

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

Name of Employer Genworth Financial Occupation General Counsel

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2006

Transaction ID: 60410.C22622

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address Valente & Associates  
600 Fourteenth Street NW

City Washington State DC Zip Code 20005

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

Name of Employer Valente & Associates Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22645

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 217 13th Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Cornerstone Occupation VP Govt Affairs

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2006

Transaction ID: 60410.C22643

Amount of Each Receipt this Period  
500.00

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

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
 John Root

Mailing Address 206 Morningside Drive

City State Zip Code  
**Mt. Sidney VA 22467**

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 02 / 2006**

**Transaction ID: 60410.C22573**

Amount of Each Receipt this Period  
**2000.00**

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

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

Mailing Address 28 Fallon Street

City State Zip Code  
**Staunton VA 24401**

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

Name of Employer Shenandoah Corporation Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 17 / 2006**

**Transaction ID: 60410.C22710**

Amount of Each Receipt this Period  
**250.00**

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

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

Mailing Address 147 E. Street SE

City State Zip Code  
**Washington DC 20003**

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

Name of Employer Van Scoyoc Associates Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 08 / 2006**

**Transaction ID: 60410.C22634**

Amount of Each Receipt this Period  
**250.00**

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

**SUBTOTAL** of Receipts This Page (optional) ..... **2500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Jared Scripture

Mailing Address 1756 Heritage Estates Circle

City Harrisonburg State VA Zip Code 22801

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

Name of Employer self Occupation Builder

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60410.C22739

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 3825 Peakland Place

City Lynchburg State VA Zip Code 24503

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

Name of Employer Lawyer Occupation Edwards & Williams PC

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

**Transaction ID:** 60410.C22554

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 6189 Orchard Drive

City Timberville State VA Zip Code 22853-2420

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

Name of Employer self Occupation Farmer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2006

**Transaction ID:** 60410.C22693

Amount of Each Receipt this Period  
250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 121
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
James Sipe

Mailing Address 2930 Brookstone Drive

City Harrisonburg State VA Zip Code 22801

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

Name of Employer Prudential Funkhouser & Associ  
Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

**Transaction ID:** 60410.C22578

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 204 Bishops Lane

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a  
Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

**Transaction ID:** 60410.C22584

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1415 Main Street

City Lynchburg State VA Zip Code 24504

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

Name of Employer Appalachian Plumbing Co.  
Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

**Transaction ID:** 60410.C22568

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Bonnie Stewart

Mailing Address 108 Carriage Way

City Lynchburg State VA Zip Code 24503-4223

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2006

Transaction ID: 60410.C22534

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 60

City Mount Crawford State VA Zip Code 22841

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

Name of Employer Dynamic Aviation Occupation Secretary-Treasurer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2006

Transaction ID: 60123.C22498

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address P. O. Box 60

City Mount Crawford State VA Zip Code 22841

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

Name of Employer Dynamic Aviation Occupation Secretary-Treasurer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2006

Transaction ID: 60410.C22631

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Eugene Stoltzfus

Mailing Address 3093 Mountain Valley Road

City State Zip Code  
Keezletown VA 22832

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

Name of Employer Occupation  
Fairfield Language Techno- President & Chrmn. of Board  
llgie

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

**Transaction ID:** 60410.C22745

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 488 S. Mason Street

City State Zip Code  
Harrisonburg VA 22801

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

Name of Employer Occupation  
Dynamic Aviation President & Coo

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

**Transaction ID:** 60410.C22571

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1213 S. Dogwood Drive

City State Zip Code  
Harrisonburg VA 22801

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

Name of Employer Occupation  
Tactical & Survival Speci- President & CEO  
altie

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 12 / 2006

**Transaction ID:** 60118.C22464

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Judith Strickler

Mailing Address 1880 Keezletown Road

City Harrisonburg State VA Zip Code 22802

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 6

Transaction ID: 60410.C22572

Amount of Each Receipt this Period  
 2000.00

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

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

Mailing Address Dogwood Hill Farms  
1882 Keezletown Road

City Harrisonburg State VA Zip Code 22802

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 6

Transaction ID: 60410.C22575

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 1172 Bateau Drive

City Lynchburg State VA Zip Code 24503

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

Name of Employer Scott Insurance Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 6

Transaction ID: 60410.C22567

Amount of Each Receipt this Period  
 500.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Eleanor Taylor

Mailing Address 3604 Sunset Dr.

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2006

Transaction ID: 60410.C22701

Amount of Each Receipt this Period  
 1000.00

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

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

Mailing Address 3550 Mayflower Drive

City Lynchburg State VA Zip Code 24501-5019

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2006

Transaction ID: 60410.C22713

Amount of Each Receipt this Period  
 500.00

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

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

Mailing Address 1201 Meadow Wood Drive

City Forest State VA Zip Code 24551

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

Name of Employer Businessman Occupation Progress Printing Co.

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2006

Transaction ID: 60410.C22552

Amount of Each Receipt this Period  
 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Randall Trost

Mailing Address 2099 Langhorne Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

Transaction ID: 60410.C22611

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 2099 Langhorne Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2006

Transaction ID: 60410.C22621

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 7792 College View Court

City Roanoke State VA Zip Code 24019

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

Name of Employer Webbs Oil Company Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22791

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Michelle Whisnant

Mailing Address 5201 Archer Drive SW

City State Zip Code  
Roanoke VA 24014

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2006

Transaction ID: 60410.C22783

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 101 Park Center Plaza Suite 1160

City State Zip Code  
San Jose CA 95113

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

Name of Employer eBay, Inc. Occupation CEO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2006

Transaction ID: 60410.C22802

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P. O. Box 501

City State Zip Code  
Fishersville VA 22939

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

Name of Employer Wilson Trucking Company Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Transaction ID: 60410.C22742

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 121
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
E. Allen Womack Jr.

Mailing Address 401 St. Andrews Circle

City Lynchburg State VA Zip Code 24503

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

Name of Employer n/a Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 6

Transaction ID: 60410.C22519

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 22554 Timberlake Road

City Lynchburg State VA Zip Code 24502-7318

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

Name of Employer self Occupation Developer

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 1 / 2 0 0 6

Transaction ID: 60410.C22616

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1336 Windsor Lane

City Mount Crawford State VA Zip Code 22841-9701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 6

Transaction ID: 60410.C22737

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 76 / 121	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
George Zippel

Mailing Address 1301 Wakefield Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer Genworth Financial Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 3 / 2 0 0 6

Transaction ID: 60410.C22521

Amount of Each Receipt this Period  
2000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	97600.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 77 / 121
	(check only one)	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> First Union / Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 213 S. Jefferson Street		Transaction ID: 60410.C22826	
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 523.65		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer First Union National Bank	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 15374.41		

Full Name (Last, First, Middle Initial) <b>B.</b> First Union / Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 6	
Mailing Address 213 S. Jefferson Street		Transaction ID: 60410.C22828	
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 354.63		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer First Union National Bank	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 15729.04		

Full Name (Last, First, Middle Initial) <b>C.</b> First Union / Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6	
Mailing Address 213 S. Jefferson Street		Transaction ID: 60410.C22829	
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 313.05		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer First Union National Bank	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 16042.09		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1191.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> First Union / Wachovia Bank Mailing Address 213 S. Jefferson Street City State Zip Code Roanoke VA 24011-		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> 60410.C22827 Amount of Each Receipt this Period 478.53 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer First Union National Bank Occupation	Election Cycle-to-Date ▼ 16520.62	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> First Union / Wachovia Bank Mailing Address 213 S. Jefferson Street City State Zip Code Roanoke VA 24011-		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60410.C22831 Amount of Each Receipt this Period 1239.73 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer First Union National Bank Occupation	Election Cycle-to-Date ▼ 17760.35	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> First Union / Wachovia Bank Mailing Address 213 S. Jefferson Street City State Zip Code Roanoke VA 24011-		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 60410.C22830 Amount of Each Receipt this Period 353.37 Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer First Union National Bank Occupation	Election Cycle-to-Date ▼ 18113.72	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2071.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A.</b> First Union / Wachovia Bank		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 213 S. Jefferson Street		<b>Transaction ID:</b> 60413.C22840	
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 678.38		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer First Union National Bank	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 18792.10		

Full Name (Last, First, Middle Initial) <b>B.</b> Member One		Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2006	
Mailing Address P. O. Box 12288		<b>Transaction ID:</b> 60410.C22839	
City State Zip Code Roanoke VA 24024-	Amount of Each Receipt this Period 363.14		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1407.16		

Full Name (Last, First, Middle Initial) <b>C.</b> Member One		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2006	
Mailing Address P. O. Box 12288		<b>Transaction ID:</b> 60410.C22832	
City State Zip Code Roanoke VA 24024-	Amount of Each Receipt this Period 326.95		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer	Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1734.11		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1368.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 121
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Member One</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address P. O. Box 12288		<b>Transaction ID:</b> 60410.C22833	
City State Zip Code Roanoke VA 24024-	Amount of Each Receipt this Period 360.69		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2094.80		

Full Name (Last, First, Middle Initial) <b>B. Suntrust Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2006	
Mailing Address 510 S Jefferson Street		<b>Transaction ID:</b> 60410.C22834	
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 216.37		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Suntrust Bank	Election Cycle-to-Date ▼ 2502.84		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Suntrust Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2006	
Mailing Address 510 S Jefferson Street		<b>Transaction ID:</b> 60410.C22835	
City State Zip Code Roanoke VA 24011-	Amount of Each Receipt this Period 202.69		
FEC ID number of contributing federal political committee. C	Interest Received <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Occupation Suntrust Bank	Election Cycle-to-Date ▼ 2705.53		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	779.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 / 121	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address 510 S Jefferson Street

City State Zip Code  
Roanoke VA 24011-

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

Name of Employer Occupation  
Suntrust Bank

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2930.95

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: 60410.C22836

Amount of Each Receipt this Period  
225.42

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5636.60

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<p><b>A. At &amp; T</b></p> <p>Full Name (Last, First, Middle Initial) At &amp; T</p> <p>Mailing Address P. O. Box 8231</p> <p>City Aurora State IL Zip Code 60507-</p> <p>Purpose of Disbursement LONG DISTANCE EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60410.E4282</p> <p>Date of Disbursement 02 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 25.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LONG DISTANCE EXPENSE</p>
---	--	---

<p><b>B. Automated Mailing Systems</b></p> <p>Full Name (Last, First, Middle Initial) Automated Mailing Systems</p> <p>Mailing Address P. O. Box 12246</p> <p>City Roanoke State VA Zip Code 24024-</p> <p>Purpose of Disbursement MAILING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60410.E4297</p> <p>Date of Disbursement 03 / 17 / 2006</p> <p>Amount of Each Disbursement this Period 178.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MAILING EXPENSE</p>
---	--	--

<p><b>C. Laura Bell Consulting, Inc.</b></p> <p>Full Name (Last, First, Middle Initial) Laura Bell Consulting, Inc.</p> <p>Mailing Address 3101 N. Hampton Drive, Suite 914</p> <p>City Alexandria State VA Zip Code 22302-</p> <p>Purpose of Disbursement FUNDRAISING CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 60410.E4253</p> <p>Date of Disbursement 01 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING CONSULTING</p>
--	--	--

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>4204.36</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4254 Date of Disbursement 02 / 15 / 2006
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4255 Date of Disbursement 03 / 11 / 2006
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	FUNDRAISING CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4258 Date of Disbursement 03 / 20 / 2006
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 42.53
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COPYING EXPENSE	Candidate Name	COPYING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8042.53</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4259 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 3967.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. The Caucus Room Restaurant</b>		<b>Transaction ID:</b> 60410.E4260 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 401 9th Street NW Market Square North		Amount of Each Disbursement this Period 3967.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20004-	Purpose of Disbursement CATERING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: CATERING EXPENSE

Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4256 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 210.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4178.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. The Trover Shop</b>		<b>Transaction ID:</b> 60410.E4257
Mailing Address 221 Pennsylvania Avenue SE		Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement EVENT EXPENSE-BOOKS	Category/ Type	Amount of Each Disbursement this Period 210.44
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE-BOOKS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4262
Mailing Address 3101 N. Hampton Drive, Suite 914		Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
City Alexandria	State VA	Zip Code 22302-
Purpose of Disbursement PHONE EXPENSE	Category/ Type	Amount of Each Disbursement this Period 187.95
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PHONE EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4263
Mailing Address 3101 N. Hampton Drive, Suite 914		Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
City Alexandria	State VA	Zip Code 22302-
Purpose of Disbursement POSTAGE	Category/ Type	Amount of Each Disbursement this Period 58.50
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>246.45</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4261 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 301.00	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement MILEAGE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	MILEAGE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4268 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 22.79	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement SHIPPING EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	SHIPPING EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4267 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 682.50	
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1006.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Mail-It-Plus</b>		Transaction ID: 60413.E4345 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3125 Salem Turnpike		Amount of Each Disbursement this Period 682.50	
City Roanoke	State VA	Zip Code 24017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE LYNCHBURG EVENT		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE LYNCHBURG EVENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>B. Laura Bell Consulting, Inc.</b>		Transaction ID: 60410.E4269 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 682.50	
City Alexandria	State VA	Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement REIMBURSTMENT: SEE BELOW		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSTMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) <b>C. Mail-It-Plus</b>		Transaction ID: 60413.E4346 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6	
Mailing Address 3125 Salem Turnpike		Amount of Each Disbursement this Period 682.50	
City Roanoke	State VA	Zip Code 24017-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement POSTAGE HARRISONBURG EVENT		Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE HARRISONBURG EVENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	682.50
<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:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Laura Bell Consulting, Inc.</b>		<b>Transaction ID:</b> 60410.E4264 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 3101 N. Hampton Drive, Suite 914		Amount of Each Disbursement this Period 877.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22302-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Mail-It-Plus</b>		<b>Transaction ID:</b> 60413.E4344 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 6
Mailing Address 3125 Salem Turnpike		Amount of Each Disbursement this Period 877.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24017-	Purpose of Disbursement POSTAGE DC EVENT Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE DC EVENT

Full Name (Last, First, Middle Initial) <b>C. Capitol Hill Club</b>		<b>Transaction ID:</b> 60410.E4274 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement CATERING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CATERING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1227.50
<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:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		<b>Transaction ID:</b> 60412.E4343 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 350.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING EXPENSE	Candidate Name	CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		<b>Transaction ID:</b> 60410.E4273 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 6921.78
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING EXPENSE	Candidate Name	CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Computer Pros</b>		<b>Transaction ID:</b> 60410.E4303 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address 2020-B Brambleton Avenue		Amount of Each Disbursement this Period 308.30
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement NETWORK CONFIG-EXTERNAL HARD DRIVE	Candidate Name	NETWORK CONFIG-EXTERNAL HARD DRIVE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7580.08</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Design Marketing</b>		<b>Transaction ID:</b> 60410.E4294 <b>Date of Disbursement</b> MM / DD / YYYY 03 / 07 / 2006
Mailing Address 3636 Arial Way Drive		Amount of Each Disbursement this Period 3179.47
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PROMOTIONAL SUPPLIES	Candidate Name	PROMOTIONAL SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Digital Image Printing</b>		<b>Transaction ID:</b> 60410.E4284 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 18 / 2006
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 775.92
City Roanoke State VA Zip Code 24019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Digital Image Printing</b>		<b>Transaction ID:</b> 60410.E4289 <b>Date of Disbursement</b> MM / DD / YYYY 02 / 24 / 2006
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 851.18
City Roanoke State VA Zip Code 24019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4806.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Digital Image Printing</b>		<b>Transaction ID:</b> 60410.E4285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 176.84
City Roanoke State VA Zip Code 24019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Digital Image Printing</b>		<b>Transaction ID:</b> 60410.E4286 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 68.25
City Roanoke State VA Zip Code 24019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Digital Image Printing</b>		<b>Transaction ID:</b> 60410.E4287 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period 908.41
City Roanoke State VA Zip Code 24019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PRINTING EXPENSE	Candidate Name	PRINTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1153.50
<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: (check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Digital Image Printing</b>		<b>Transaction ID:</b> 60410.E4288 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address 1615 Roanoke Road		Amount of Each Disbursement this Period <input type="text" value="68.25"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke	State VA	
Zip Code 24019-	Purpose of Disbursement PRINTING EXPENSE	PRINTING EXPENSE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dynamic Aviation</b>		<b>Transaction ID:</b> 60410.E4298 Date of Disbursement MM / DD / YYYY 03 / 18 / 2006
Mailing Address P. O. Box 7		Amount of Each Disbursement this Period <input type="text" value="1714.54"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bridgewater	State VA	
Zip Code 22812-	Purpose of Disbursement TRANSPORTATION	TRANSPORTATION
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. The Early Katering C ompany</b>		<b>Transaction ID:</b> 60410.E4304 Date of Disbursement MM / DD / YYYY 03 / 28 / 2006
Mailing Address 1 Pleasant Valley Road		Amount of Each Disbursement this Period <input type="text" value="2641.32"/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Harrisonburg	State VA	
Zip Code 22801-	Purpose of Disbursement CATERING EXPENSE	CATERING EXPENSE
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4424.11"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Federal Express Corporation</b>		<b>Transaction ID:</b> 60410.E4275 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 1140 Department A		Amount of Each Disbursement this Period 34.95
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE	Candidate Name	SHIPPING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Federal Express Corporation</b>		<b>Transaction ID:</b> 60410.E4276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 1140 Department A		Amount of Each Disbursement this Period 61.00
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE	Candidate Name	SHIPPING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Federal Express Corporation</b>		<b>Transaction ID:</b> 60410.E4277 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 1140 Department A		Amount of Each Disbursement this Period 77.23
City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SHIPPING EXPENSE	Candidate Name	SHIPPING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	173.18
<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:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. First Union / Wachovia Bank</b>		<b>Transaction ID:</b> 60410.E4241 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 213 S. Jefferson Street		Amount of Each Disbursement this Period 1233.90	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement 4TH QUARTER 2005 PAYTOLL TAXES Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		4TH QUARTER 2005 PAYTOLL TAXES	

Full Name (Last, First, Middle Initial) <b>B. First Union / Wachovia Bank</b>		<b>Transaction ID:</b> 60410.E4242 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 213 S. Jefferson Street		Amount of Each Disbursement this Period 2874.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement 2005 FEDERAL INCOME TAX Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2005 FEDERAL INCOME TAX	

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4322 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 20.00	
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT: SEE BELOW	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4127.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. United States Postmaster</b>		Transaction ID: 60410.E4324 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address Main Post Office		Amount of Each Disbursement this Period 20.00	
City Roanoke	State VA	Zip Code 24022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: POSTAGE
Purpose of Disbursement POSTAGE		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		Transaction ID: 60410.E4323 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 93.22	
City Roanoke	State VA	Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEALS
Purpose of Disbursement MEALS		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		Transaction ID: 60410.E4315 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 609.58	
City Roanoke	State VA	Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	702.80
<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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. The Homestead</b>		<b>Transaction ID:</b> 60410.E4321 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 2000		Amount of Each Disbursement this Period 609.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hot Springs State VA Zip Code 24445-	Purpose of Disbursement LODGING-ADVANCE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: LODGING-ADVANCE

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4314 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 110.94 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement TRAVEL-ENTERPRISE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL-ENTERPRISE

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4316 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 87.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement LODGING-HARRISONBURG Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	LODGING-HARRISONBURG

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	198.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60412.E4341 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 113.02
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE	Candidate Name	MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4317 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 799.50
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Wertz Farm Market</b>		<b>Transaction ID:</b> 60413.E4347 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3212 Brambleton Avenue		Amount of Each Disbursement this Period 799.50
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAFF GIFT BASKETS	Candidate Name	[MEMO ITEM] MEMO: STAFF GIFT BASKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	912.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4307 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 47.50	
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		REIMBURSEMENT: SEE BELOW

Full Name (Last, First, Middle Initial) <b>B. Fallon Florist Inc.</b>		<b>Transaction ID:</b> 60410.E4320 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 23 W. Church Avenue		Amount of Each Disbursement this Period 47.50	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement FLOWERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b> MEMO: FLOWERS

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4313 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 156.17	
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement LODGING-EMBASSY SUITES AR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		LODGING-EMBASSY SUITES AR

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	203.67
<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 99 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4310 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 151.18	
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement MEALS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MEALS	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4308 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 93.06	
City Roanoke State VA Zip Code 24015-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT: SEE BELOW	

Full Name (Last, First, Middle Initial) <b>C. Sprint PCS</b>		<b>Transaction ID:</b> 60410.E4336 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address P. O. Box 219718		Amount of Each Disbursement this Period 93.06	
City Kansas City State MO Zip Code 64141-9718	Purpose of Disbursement TELEPHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TELEPHONE EXPENSE	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	244.24
<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 100 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4306 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 82.14
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LODGING-JAMESON INN	Candidate Name	LODGING-JAMESON INN
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4332 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 2.50
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PARKING	Candidate Name	PARKING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4331 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 50.00
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement AM. RED CROSS BANQUET TICKETS	Candidate Name	AM. RED CROSS BANQUET TIC-KETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	134.64
<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 101 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4326 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 58.61
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement STAFF RETREAT SUPPLIES	Candidate Name	STAFF RETREAT SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4333 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 118.12
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MEALS	Candidate Name	MEALS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 100.00
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ENGRAVING EXPENSE	Candidate Name	ENGRAVING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	276.73
<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 102 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4329 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 98.22
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. House of Representatives Gift Shop</b>		<b>Transaction ID:</b> 60410.E4337 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address Longworth House Office Building		Amount of Each Disbursement this Period 98.22
City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement EVENT HOST GIFTS		[MEMO ITEM] MEMO: EVENT HOST GIFTS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4328 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 93.06
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		REIMBURSEMENT: SEE BELOW
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	191.28
<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 103 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Sprint PCS</b>		Transaction ID: 60410.E4318 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address P. O. Box 219718		Amount of Each Disbursement this Period 93.06
City Kansas City State MO Zip Code 64141-9718	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE EXOENSE	Candidate Name	<b>[MEMO ITEM]</b> MEMO: TELEPHONE EXOENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		Transaction ID: 60410.E4327 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 204.00
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING EXPENSE	Candidate Name	CATERING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		Transaction ID: 60410.E4330 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 57.00
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REBURSEMENT: SEE BELOW	Candidate Name	REBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	261.00
<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)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Fallon Florist Inc.</b>		<b>Transaction ID:</b> 60410.E4338 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 23 W. Church Avenue		Amount of Each Disbursement this Period 57.00
City Roanoke State VA Zip Code 24011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: FLOWERS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4325 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 80.00
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement SCLC BANQUET TICKETS Candidate Name	Category/Type	SCLC BANQUET TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robert W. Goodlatte</b>		<b>Transaction ID:</b> 60410.E4335 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 3725 Dogwood Lane SW		Amount of Each Disbursement this Period 267.43
City Roanoke State VA Zip Code 24015-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement MILEAGE Candidate Name	Category/Type	MILEAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	347.43
<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 105 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Hinaman &amp; Company</b>		<b>Transaction ID:</b> 60410.E4270 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 3101 N. Hampton Drive #1112		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONSULTING	Candidate Name	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Hinaman &amp; Company</b>		<b>Transaction ID:</b> 60410.E4271 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 3101 N. Hampton Drive #1112		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONSULTING	Candidate Name	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hinaman &amp; Company</b>		<b>Transaction ID:</b> 60410.E4272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 3101 N. Hampton Drive #1112		Amount of Each Disbursement this Period 4000.00
City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POLITICAL CONSULTING	Candidate Name	POLITICAL CONSULTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<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 106 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4221 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 1784.35
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL EXPENSE	Candidate Name	PAYROLL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4222 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 1876.70
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL EXPENSE	Candidate Name	PAYROLL EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 24.36
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW	Candidate Name	REIMBURSEMENT: SEE BELOW
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3685.41</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		Transaction ID: 60410.E4226 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 101 W. Church Avenue		Amount of Each Disbursement this Period 24.36	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement POSTAGE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
[MEMO ITEM] MEMO: POSTAGE			

Full Name (Last, First, Middle Initial) <b>B. Molly Koon</b>		Transaction ID: 60410.E4229 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 21.93	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement MILEAGE Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
MILEAGE			

Full Name (Last, First, Middle Initial) <b>C. Molly Koon</b>		Transaction ID: 60410.E4223 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 56.18	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement SHIPPING EXPENSE UPS Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SHIPPING EXPENSE UPS			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	78.11
<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:  
(check only one)

PAGE 108 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4228 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 182.36
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement COMPUTER RECONFIGURATOPM		COMPUTER RECONFIGURATOPM
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4227 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 56.98
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement INTERNET SECURITY RENEWAL		INTERNET SECURITY RENEWAL
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4230 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 1876.70
City Roanoke State VA Zip Code 24018-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL EXPENSE		PAYROLL EXPENSE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2116.04</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4231 Date of Disbursement 03 / 25 / 2006	
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 102.50	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Wertzs Farm Market</b>		<b>Transaction ID:</b> 60410.E4232 Date of Disbursement 03 / 25 / 2006	
Mailing Address 3212 Brambleton Avenue		Amount of Each Disbursement this Period 102.50	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement GIFT BASKETS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	<b>[MEMO ITEM]</b> MEMO: GIFT BASKETS	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4233 Date of Disbursement 03 / 25 / 2006	
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 26.51	
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement REIMBURSEMENT: SEE BELOW	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	REIMBURSEMENT: SEE BELOW	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	129.01
<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 110 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. U.S. Postmaster</b>		<b>Transaction ID:</b> 60410.E4234 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 101 W. Church Avenue		Amount of Each Disbursement this Period 26.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement POSTAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: POSTAGE

Full Name (Last, First, Middle Initial) <b>B. Molly Koon</b>		<b>Transaction ID:</b> 60410.E4235 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 6
Mailing Address 6432 Poage Valley Road, Ext.		Amount of Each Disbursement this Period 243.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24018-	Purpose of Disbursement MILEAGE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MILEAGE

Full Name (Last, First, Middle Initial) <b>C. Mail-It-Plus</b>		<b>Transaction ID:</b> 60410.E4295 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 6
Mailing Address 3125 Salem Turnpike		Amount of Each Disbursement this Period 525.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke State VA Zip Code 24017-	Purpose of Disbursement MAILING EXPENSE Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	MAILING EXPENSE

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	769.10
<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 111 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Mail-It-Plus</b>		<b>Transaction ID:</b> 60410.E4296 Date of Disbursement
Mailing Address 3125 Salem Turnpike		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Roanoke	State VA	Zip Code 24017-
Purpose of Disbursement MAILING EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="264.11"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>MAILING EXPENSE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mamie Vest Associates</b>		<b>Transaction ID:</b> 60410.E4302 Date of Disbursement
Mailing Address 754 Welton Avenue		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City Roanoke	State VA	Zip Code 24015-
Purpose of Disbursement PHOTOGRAPHY EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="654.75"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>PHOTOGRAPHY EXPENSE</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Meriwethers Market Restaurant</b>		<b>Transaction ID:</b> 60410.E4311 Date of Disbursement
Mailing Address 4925 Boonsboro Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Lynchburg	State VA	Zip Code 24503-
Purpose of Disbursement CATERING EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3817.88"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>CATERING EXPENSE</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4736.74"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 112 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

<b>A. Rev Net</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 20984 City Roanoke State VA Zip Code 24018- Purpose of Disbursement INTERNET EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60410.E4281 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 138.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>INTERNET EXPENSE</b>
---	--	--

<b>B. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 2979 Dept 82 City Omaha State NE Zip Code 68103-2979 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60410.E4278 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6 Amount of Each Disbursement this Period 6.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>OFFICE SUPPLIES</b>
--	--	---

<b>C. Staples</b> Full Name (Last, First, Middle Initial) Mailing Address P. O. Box 2979 Dept 82 City Omaha State NE Zip Code 68103-2979 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID:</b> 60410.E4279 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 177.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>OFFICE SUPPLIES</b>
--	--	---

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	321.71
<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 113 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Transaction ID: 60410.E4280 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 2979 Dept 82		Amount of Each Disbursement this Period 189.09
City Omaha State NE Zip Code 68103-2979	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. State Board of Elections</b>		Transaction ID: 60410.E4299 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 6
Mailing Address 200 N. 9th Street, Room 101		Amount of Each Disbursement this Period 3304.00
City Richmond State VA Zip Code 23219-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FILING FEE	Candidate Name	FILING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Congressional Institute</b>		Transaction ID: 60410.E4300 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 6
Mailing Address 316 Pennsylvania Ave Suite 403		Amount of Each Disbursement this Period 1556.00
City Washington State DC Zip Code 20003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONFERENCE	Candidate Name	CONFERENCE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5049.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. United States Postmaster</b>		<b>Transaction ID:</b> 60410.E4244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address    Main Post Office		Amount of Each Disbursement this Period 1.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke	State    Zip Code VA    24022-	
Purpose of Disbursement POSAGE		POSAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postmaster</b>		<b>Transaction ID:</b> 60410.E4245 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address    Main Post Office		Amount of Each Disbursement this Period 39.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke	State    Zip Code VA    24022-	
Purpose of Disbursement POSTAGE		POSTAGE
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

Full Name (Last, First, Middle Initial) <b>C. United States Postmaster</b>		<b>Transaction ID:</b> 60410.E4291 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address    Main Post Office		Amount of Each Disbursement this Period 117.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Roanoke	State    Zip Code VA    24022-	
Purpose of Disbursement STAMPS		STAMPS
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	157.34
<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 115 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: 60410.E4247 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 27783		Amount of Each Disbursement this Period 72.00	
City Baltimore State MD Zip Code 21297-	Purpose of Disbursement PHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Transaction ID: 60410.E4248 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address P. O. Box 27783		Amount of Each Disbursement this Period 27.62	
City Baltimore State MD Zip Code 21297-	Purpose of Disbursement PHONE EXPENSE-FAX LINE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE EXPENSE-FAX LINE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Transaction ID: 60410.E4249 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 6	
Mailing Address P. O. Box 27783		Amount of Each Disbursement this Period 107.42	
City Baltimore State MD Zip Code 21297-	Purpose of Disbursement PHONE EXPENSE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	PHONE EXPENSE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	207.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Transaction ID: 60410.E4250 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address P. O. Box 27783		Amount of Each Disbursement this Period 27.82
City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSE-FAX LINE	Candidate Name	PHONE EXPENSE-FAX LINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Transaction ID: 60410.E4251 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 27783		Amount of Each Disbursement this Period 70.96
City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSE	Candidate Name	PHONE EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Transaction ID: 60410.E4252 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 27783		Amount of Each Disbursement this Period 37.96
City Baltimore State MD Zip Code 21297-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PHONE EXPENSE-FAX LINE	Candidate Name	PHONE EXPENSE-FAX LINE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	136.74
<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 117 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Virginia Dept of Taxation</b>		<b>Transaction ID:</b> 60412.E4342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 195.00
City Richmond State VA Zip Code 23212-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 3RD QUARTER 2005 WITHHOLDING	Candidate Name	3RD QUARTER 2005 WITHHOLDING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Virginia Dept of Taxation</b>		<b>Transaction ID:</b> 60410.E4292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 1500		Amount of Each Disbursement this Period 1188.00
City Richmond State VA Zip Code 23212-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement 2005 INCOME TAXES	Candidate Name	2005 INCOME TAXES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Young &amp; Prickitt</b>		<b>Transaction ID:</b> 60410.E4237 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 500.00
City Roanoke State VA Zip Code 24011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement ACCOUNTING EXPENSE	Candidate Name	ACCOUNTING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1883.00
<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 118 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Young &amp; Prickitt</b>		Transaction ID: 60410.E4238 Date of Disbursement 02 / 01 / 2006	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 500.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement ACCOUNTING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING EXPENSE	

Full Name (Last, First, Middle Initial) <b>B. Young &amp; Prickitt</b>		Transaction ID: 60410.E4239 Date of Disbursement 03 / 01 / 2006	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 500.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement ACCOUNTING EXPENSE Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ACCOUNTING EXPENSE	

Full Name (Last, First, Middle Initial) <b>C. Young &amp; Prickitt</b>		Transaction ID: 60410.E4240 Date of Disbursement 03 / 07 / 2006	
Mailing Address 111 Franklin Road Suite 302		Amount of Each Disbursement this Period 550.00	
City Roanoke State VA Zip Code 24011-	Purpose of Disbursement TAX RETURN PREPARATION Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TAX RETURN PREPARATION	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1550.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>78145.09</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) <b>A. Federal Victory Fund</b>		<b>Transaction ID:</b> 60410.E4312 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 6429 Downing Court		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Annandale State VA Zip Code 22003-	Purpose of Disbursement CATERING EXPENSES Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Comm.</b>		<b>Transaction ID:</b> 60410.E4246 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003-	Purpose of Disbursement TRANSFER OF EXCESS FUNDS Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Rockbridge Republican Committee</b>		<b>Transaction ID:</b> 60410.E4290 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 111 Johnstone Street		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Lexington State VA Zip Code 24450-	Purpose of Disbursement LINCOLN DAY DINNER SPONSOR Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	25650.00
<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 120 / 121

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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

**A.** Full Name (Last, First, Middle Initial)  
Staunton Republican Comm.

Mailing Address 2406 N. Augusta Street

City Staunton State VA Zip Code 24401-

Purpose of Disbursement  
DINNER SPONSOR

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: 60410.E4340

Date of Disbursement

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

Amount of Each Disbursement this Period

250.00
--------

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

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

250.00

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

25900.00



Image# 26940087986

Form/Schedule: **F3N**

A refund of contribution in the amount of \$800 has been made to Judith Strickler.

Transaction ID:

\*\*\*\*\*