

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

ADDRESS (number and street)

4246 CHAIN BRIDGE RD

▼
 Check if different
than previously
reported. (ACC)

FAIRFAX

VA

22030

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 C C002773353. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y Y in the State of

5. Covering Period

M M / 01

D D / 01

Y Y Y Y Y 2026

through

M M / 01

D D / 31

Y Y Y Y Y 2026

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

Rumberg, Michael, , ,

Signature of Treasurer

Rumberg, Michael, , ,

Date

M M / 02

D D / 12

Y Y Y Y Y 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y
2026**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2026	40481.13
(b) Cash on Hand at Beginning of Reporting Period.....	40481.13	
(c) Total Receipts (from Line 19)	9066.29	9066.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49547.42	49547.42
7. Total Disbursements (from Line 31).....	5729.72	5729.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43817.70	43817.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y
2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6770.62	6770.62
(ii) Unitemized	2295.67	2295.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	9066.29	9066.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9066.29	9066.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9066.29	9066.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9066.29	9066.29

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	5729.72	5729.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5729.72	5729.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5729.72	5729.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5729.72	5729.72

DETAILED SUMMARY PAGE
of Disbursements

Page 5

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9066.29	9066.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9066.29	9066.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5729.72	5729.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5729.72	5729.72

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Foster, Beverly, , ,

Mailing Address 4321 Woodway St

City Alexandria	State VA	Zip Code 22312
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 09	/	Y Y Y Y Y 2026
-----------	---	-----------	---	-------------------

Transaction ID : SA11AI.60397

Amount of Each Receipt this Period

5000.00

 Memo Item

Name of Employer (for Individual)

Retired

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

5000.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Madden, William, J., Mr.,

Mailing Address 1465

Hampton Ridge Dr.

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 22	/	Y Y Y Y Y 2026
-----------	---	-----------	---	-------------------

Transaction ID : SA11AI.60398

Amount of Each Receipt this Period

1000.00

 Memo Item

Name of Employer (for Individual)

N/A

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

1000.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Purves, Arthur, G., Mr.,

Mailing Address 9350

Campbell Road

City Vienna	State VA	Zip Code 22182
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 25	/	Y Y Y Y Y 2026
-----------	---	-----------	---	-------------------

Transaction ID : SA11AI.60471

Amount of Each Receipt this Period

312.49

 Memo Item

Name of Employer (for Individual)

General Dynamics

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

312.49

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

6312.49

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 8 OF 10

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Full Name (Last, First, Middle Initial)

A. Argenta

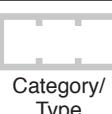
Mailing Address 5870 Wind Cave Ln

City Jacksonville	State VA	Zip Code 32258
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Purpose of Disbursement

Software

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. Arrow Technologies

Mailing Address 7655-F Fullerton Rd

City Springfield	State VA	Zip Code 22153
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Purpose of Disbursement

Printing

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)

C. Campaign NucleusMailing Address 1512 E Broward Blvd
#104B

City Fort Lauderdale	State FL	Zip Code 33301
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Purpose of Disbursement

Consulting

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:

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

2259.70

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

Date of Disbursement

<input type="checkbox"/> M M 01	/	<input type="checkbox"/> D D 16	/	<input type="checkbox"/> Y Y Y Y Y 2026
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB21B.60392

Amount of Each Disbursement this Period

1250.00

 Memo Item

Date of Disbursement

<input type="checkbox"/> M M 01	/	<input type="checkbox"/> D D 20	/	<input type="checkbox"/> Y Y Y Y Y 2026
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB21B.60405

Amount of Each Disbursement this Period

209.70

 Memo Item

Date of Disbursement

<input type="checkbox"/> M M 01	/	<input type="checkbox"/> D D 08	/	<input type="checkbox"/> Y Y Y Y Y 2026
------------------------------------	---	------------------------------------	---	--

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB21B.60404

Amount of Each Disbursement this Period

800.00

 Memo Item

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

 21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Full Name (Last, First, Middle Initial)

A. Dominion Virginia Power

Mailing Address P.O. Box 26543

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
01			21			2026					

City
RichmondState
VAZip Code
23290

FEC Identification Number

C

Transaction ID : SB21B.60406

Amount of Each Disbursement this Period

369.41

 Memo Item

Purpose of Disbursement

Utility

Candidate Name

Category/
Type

Office Sought:

House
Senate
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. Gillespie, Catherine, H, ,

Mailing Address 9382 Mt. Vernon Circle

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
01			01			2026					

City
AlexandriaState
VAZip Code
22309

FEC Identification Number

C

Transaction ID : SB21B.60427

Amount of Each Disbursement this Period

1040.89

 Memo Item

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
Senate
President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Patriot GrassrootsMailing Address 1021 E Lincoln Way
#503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
01			07			2026					

City
Cheyenne WayState
WYZip Code
82001

FEC Identification Number

C

Transaction ID : SB21B.60391

Amount of Each Disbursement this Period

913.00

 Memo Item

Purpose of Disbursement

Consulting

Candidate Name

Category/
Type

Office Sought:

House
Senate
President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	▼

State:

District:

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

2323.30

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

FAIRFAX COUNTY REPUBLICAN COMMITTEE (FEDERAL)

Full Name (Last, First, Middle Initial)

A. Yardi Systems

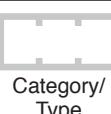
Mailing Address 8601 Georgia Ave

City Silver Spring	State MD	Zip Code 20910
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Purpose of Disbursement

Software

Candidate Name

Category/
Type

Date of Disbursement

<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
01			06			2026			

FEC Identification Number

<input type="checkbox"/> C

Transaction ID : SB21B.60402

Amount of Each Disbursement this Period

426.75

 Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Date of Disbursement

<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

FEC Identification Number

<input type="checkbox"/> C

Amount of Each Disbursement this Period

--

 Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Date of Disbursement

<input type="checkbox"/> M	<input type="checkbox"/> M	/	<input type="checkbox"/> D	<input type="checkbox"/> D	/	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

FEC Identification Number

<input type="checkbox"/> C

Amount of Each Disbursement this Period

--

 Memo Item

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

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

426.75

5009.75