

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than 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  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2029 P STREET NW SUITE 302  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** C00300921  
**3. IS THIS REPORT**  NEW (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 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 07 2006 in the State of DC

5. Covering Period 10 19 2006 through 11 27 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 C.E. Jones

Signature of Treasurer Electronically Filed by C.E. Jones Date 12 06 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  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		65400.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	6982.57									
(c) Total Receipts (from Line 19) .....	50014.50	625939.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56997.07	691339.83								
<hr/>										
7. Total Disbursements (from Line 31) .....	29757.67	664100.43								
<hr/>										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27239.40	27239.40								
<hr/>										
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
<hr/>										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	11055.84									

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

**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  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	12225.50	115255.90
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	37789.00	505003.96
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	50014.50	620259.86
(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) .....	50014.50	620259.86
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	5679.93
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 Transfer (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)) .....	50014.50	625939.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	50014.50	625939.79

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	1000.00
(b) Other Federal Operating Expenditures.....	20757.67	614750.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	20757.67	615750.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6000.00	27350.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	3000.00	21000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	29757.67	664100.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29757.67	663100.43

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	50014.50	620259.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50014.50	620259.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	20757.67	614750.43
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20757.67	614750.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM ANDREE</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address <b>4624 78TH PL SW</b>		<b>Transaction ID: SA11A1.20568</b>	
City <b>MUKLLTEO</b>	State <b>WA</b>	Zip Code <b>98275</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. MR WALLACE BUTLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address <b>25235 BARONET RD</b>		<b>Transaction ID: SA11A1.20586</b>	
City <b>SALINAS</b>	State <b>CA</b>	Zip Code <b>93908</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RET</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT CATLIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6	
Mailing Address <b>25 LAURELWOOD DR</b>		<b>Transaction ID: SA11A1.20564</b>	
City <b>ROCKAWAY</b>	State <b>NJ</b>	Zip Code <b>07866</b>	Amount of Each Receipt this Period 290.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1040.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MS BEVERLY CIPPERLY</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6	
Mailing Address 20 TISHA LN		<b>Transaction ID: SA11A1.20570</b>	
City HENDERSONVILLE	State NC	Amount of Each Receipt this Period 1000.00	
Zip Code 28739			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. MS ELIZABETH COSAD</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6	
Mailing Address 388 E MAIN ST		<b>Transaction ID: SA11A1.20559</b>	
City WATERLOO	State NY	Amount of Each Receipt this Period 280.00	
Zip Code 13165			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>C. PAUL H DARNTON</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 1516 WOODSLEA DR		<b>Transaction ID: SA11A1.20590</b>	
City FLINT	State MI	Amount of Each Receipt this Period 350.00	
Zip Code 48507			
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RET		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1630.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MS BETTY B EVANS</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 10 FAIRWAYS CIRCLE UNIT I		Transaction ID: SA11A1.20582
City State Zip Code SAINT CHARLES MO 63303	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation PUBLIC SCHOOL T	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR CLARENCE FOWLER</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 9110 DORCAS ST		Transaction ID: SA11A1.20549
City State Zip Code OMAHA NE 68124	Amount of Each Receipt this Period 206.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	

Full Name (Last, First, Middle Initial) <b>C. MR &amp; MRS LLOYD GONGALSKI</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 402 KRISTI DRIVE		Transaction ID: SA11A1.20576
City State Zip Code LEESBURG FL 34788	Amount of Each Receipt this Period 208.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	814.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
DR ALLAN HALDEN

Mailing Address 60 SHARON AVE

City State Zip Code  
PIEDMONT CA 94611

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11A1.20614

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR & MRS GLENN H HALE

Mailing Address 7707 E 53RD PL

City State Zip Code  
TULSA OK 74145

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

Name of Employer Occupation  
BULK VENDORS SUPPLY SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** SA11A1.20580

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2676 OLD HIGHWAY 28

City State Zip Code  
CROSSVILLE TN 38555

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

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

**Transaction ID:** SA11A1.20566

Amount of Each Receipt this Period  
348.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1148.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR JAMES HILKE

Mailing Address **664 CLINTONVILLE RD**

City **PARIS** State **KY** Zip Code **40361**

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

Name of Employer **RETIRED** Occupation **RET**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.00**

Date of Receipt  

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

**Transaction ID: SA11A1.20584**

Amount of Each Receipt this Period  
**211.00**

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

Mailing Address **PO BOX 306**

City **DAVENPORT** State **WA** Zip Code **99122**

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

Name of Employer **RET** Occupation **RET**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.00**

Date of Receipt  

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

**Transaction ID: SA11A1.20538**

Amount of Each Receipt this Period  
**202.00**

**C.** Full Name (Last, First, Middle Initial)  
W DWIGHT KIPP, MR

Mailing Address **6250 N PARK AVE APT 204**

City **TACOMA** State **WA** Zip Code **98407-2228**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

**Transaction ID: SA11A1.20530**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>463.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR JERRY MARTIN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6	
Mailing Address <b>21 EDGEWATER ALY</b>		<b>Transaction ID: SA11A1.20592</b>	
City <b>ISLE OF PALMS</b>	State <b>SD</b>	Zip Code <b>29451</b>	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD C MARX</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address <b>PO BOX 440</b>		<b>Transaction ID: SA11A1.20608</b>	
City <b>WAPPINGERS FALLS</b>	State <b>NY</b>	Zip Code <b>12590</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF</b>	Occupation <b>INSURANCE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MR &amp; MRS FRANCIS MASTOLONI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address <b>2 JUSTIN RD</b>		<b>Transaction ID: SA11A1.20606</b>	
City <b>HARRISON</b>	State <b>NY</b>	Zip Code <b>10528</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>HOMEMAKER</b>	Occupation <b>HOMEMAKER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	880.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR JEROME MEYER

Mailing Address 2950 KANE ST # 7

City State Zip Code  
DUBUQUE IA 52001

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

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

Transaction ID: SA11A1.20588

Amount of Each Receipt this Period  
211.00

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

Mailing Address 13553 KENSINGTON PL

City State Zip Code  
CARMEL IN 46032-5360

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

Transaction ID: SA11A1.20560

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
MISS SHIRLEY S MIRSEPASSI

Mailing Address 1100 CLOVE RD

City State Zip Code  
STATEN ISLAND NY 10301

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

Name of Employer Occupation  
RARITAN BAY MEDICAL CENTE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.20534

Amount of Each Receipt this Period  
202.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>863.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM W MOIR

Mailing Address 8109 CANYON LAKE DR

City State Zip Code  
ORLANDO FL 32835

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

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

Transaction ID: SA11A1.20562

Amount of Each Receipt this Period  
258.00

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

Mailing Address 525 PENN AVE

City State Zip Code  
GLENSIDE PA 19038

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.20557

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
MR KENNETH JAMES MUNRO, JR

Mailing Address 82 AZALEA DR

City State Zip Code  
MADISON CT 06443

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

Name of Employer Occupation  
JFK AIRPORT COMMERCIAL PILOT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.20543

Amount of Each Receipt this Period  
206.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>864.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT NEDRESKI</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6	
Mailing Address 307 OAK TREE DR		<b>Transaction ID: SA11A1.20528</b>	
City <b>ERIE</b>	State <b>PA</b>	Zip Code <b>16507-2324</b>	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. DENIS NELIGAN</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6	
Mailing Address 8227 LE GRAY AVE		<b>Transaction ID: SA11A1.20531</b>	
City <b>LYNBROOK</b>	State <b>NY</b>	Zip Code <b>11563</b>	Amount of Each Receipt this Period 65.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED NYC FIRE DEP	Occupation NYC FIREFIGHTER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. MR ARTHUR PACHECO, JR</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 0 6	
Mailing Address 281 WEST GOLF VIEW DR		<b>Transaction ID: SA11A1.20602</b>	
City <b>TUCSON</b>	State <b>AZ</b>	Zip Code <b>85737</b>	Amount of Each Receipt this Period 275.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF EMPLOYED	Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	380.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR DENNIS E PEPPIN

Mailing Address 47 MIDWAY ST

City State Zip Code  
SPRINGFIELD MA 01151

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

Name of Employer Occupation  
PEPPIN PAINTING PAINTER PAPER H

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

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

**Transaction ID:** SA11A1.20540

Amount of Each Receipt this Period  
203.00

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

Mailing Address 212 REVENUE ST

City State Zip Code  
BOONTON NJ 17005

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

**Transaction ID:** SA11A1.20604

Amount of Each Receipt this Period  
275.00

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

Mailing Address 5425 27TH STREET

City State Zip Code  
LUBBOCK TX 79407

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

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

**Transaction ID:** SA11A1.20553

Amount of Each Receipt this Period  
235.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>713.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MRS BLANCHE POUNDS

Mailing Address 4860 N HOBO CIR

City State Zip Code  
PRESCOTT VALLEY AZ 86314

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 209.00

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

**Transaction ID:** SA11A1.20578

Amount of Each Receipt this Period  
209.00

**B.** Full Name (Last, First, Middle Initial)  
MRS FRANCES O PRUITT

Mailing Address 7424 LONGLEAT RD.

City State Zip Code  
INDIANAPOLIS IN 46240

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

Name of Employer Occupation  
RET RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 4 / 2 0 0 6

**Transaction ID:** SA11A1.20536

Amount of Each Receipt this Period  
202.00

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

Mailing Address PO BOX 565

City State Zip Code  
SATSUMA FL 32189

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

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

**Transaction ID:** SA11A1.20574

Amount of Each Receipt this Period  
202.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>613.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT C RICHTER**

Mailing Address **R R 9W**

City **ESOPUS** State **NY** Zip Code **12472**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

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

**Transaction ID: SA11A1.20596**

Amount of Each Receipt this Period  
**225.00**

**B.** Full Name (Last, First, Middle Initial)  
**MRS ROBERTA J SEVERSON**

Mailing Address **P O BOX 550**

City **ANGELS CAMP** State **CA** Zip Code **95222**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

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

**Transaction ID: SA11A1.20612**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address **4641 ROYAL OAK LANE**

City **SAPULPA** State **OK** Zip Code **74066**

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

Name of Employer **SELF EMPLOYED** Occupation **INSURANCE ADJUS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	6

**Transaction ID: SA11A1.20572**

Amount of Each Receipt this Period  
**400.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>925.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
REV WILSON SMACK

Mailing Address PO BOX 619

City State Zip Code  
PINE HILL AL 36769

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

Name of Employer Occupation  
MAGNOLIA NMC PASTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

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

**Transaction ID:** SA11A1.20542

Amount of Each Receipt this Period  
204.00

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

Mailing Address 1309 PALISADES DRIVE

City State Zip Code  
LEWISVILLE TX 75067

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.20555

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
MR DAVID W STRAUSS, JR

Mailing Address 145 RICHMOND AVE

City State Zip Code  
MEDFORD NY 11763

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

Name of Employer Occupation  
RETIRED N Y C POLICE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

**Transaction ID:** SA11A1.20545

Amount of Each Receipt this Period  
206.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>760.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM L SZABO

Mailing Address 205 CEDAR LN

City RUTHERFORDTON State NC Zip Code 28139

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

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

Transaction ID: SA11A1.20551

Amount of Each Receipt this Period  
 206.00

**B.** Full Name (Last, First, Middle Initial)  
MR DARRELL W THOMPSON

Mailing Address 8227 E MEDINA AVE

City MESA State AZ Zip Code 85208

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

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

Transaction ID: SA11A1.20547

Amount of Each Receipt this Period  
 206.00

**C.** Full Name (Last, First, Middle Initial)  
MRS EVELYN A VAUGHN

Mailing Address 2131 NE 42ND CT # 112E

City POMPANO BEACH State FL Zip Code 33064

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

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

Transaction ID: SA11A1.20594

Amount of Each Receipt this Period  
 370.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	782.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 28
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR BEN F WESTMORELAND

Mailing Address RT 1 BOX 178-B

City State Zip Code  
**WHEELER TX 79096**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**10 / 22 / 2006**

Transaction ID: SA11A1.20610

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 6715 Electronic Dr # A

City State Zip Code  
**Springfield VA 22151-4305**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
MM / DD / YYYY  
**10 / 27 / 2006**

Transaction ID: SA11A1.20529

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>12225.50</b>

**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"/> 24	<input type="checkbox"/> 25	<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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alvin Williams</b>		<b>Transaction ID:</b> SB21B.20517 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Alvin Williams</b>		<b>Transaction ID:</b> SB21B.20516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Care First</b>		<b>Transaction ID:</b> SB21B.20527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2644.00
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Medical Insurance 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8568.17
<b>TOTAL</b> 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)

PAGE 22 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.20519</b> Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 1166.72
City Fort Wayne	State IN	
Zip Code 46855	Purpose of Disbursement Property Taxes	Category/ Type
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. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.20520</b> Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 770.05
City Fort Wayne	State IN	
Zip Code 46855	Purpose of Disbursement CAM	Category/ Type
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. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.20521</b> Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 200.00
City Fort Wayne	State IN	
Zip Code 46855	Purpose of Disbursement Parking	Category/ Type
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) ..... ▶	2136.77
<b>TOTAL</b> 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)

PAGE 23 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.20518</b> Date of Disbursement 11 / 02 / 2006
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 3540.63
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Office Rent	Category/Type	
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. Ikon Office Solutions</b>		<b>Transaction ID: SB21B.20523</b> Date of Disbursement 11 / 10 / 2006
Mailing Address PO Box 41564		Amount of Each Disbursement this Period 2306.69
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Equipment Lease	Category/Type	
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. Patriot Data Services</b>		<b>Transaction ID: SB21B.20515</b> Date of Disbursement 10 / 21 / 2006
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 202.75
City Lansdowne	State VA Zip Code 20176	
Purpose of Disbursement Mailing List Maintenance Fees	Category/Type	
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) ..... ▶	6050.07
<b>TOTAL</b> 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"/> 24	<input type="checkbox"/> 25	<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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paychex Services</b>		<b>Transaction ID:</b> SB21B.20525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 337.94
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		Category/ Type
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. Paychex Services</b>		<b>Transaction ID:</b> SB21B.20526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address PO Box 388		Amount of Each Disbursement this Period 337.94
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		Category/ Type
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. TRS Direct</b>		<b>Transaction ID:</b> SB21B.20514 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 148 Graves Mill Rd		Amount of Each Disbursement this Period 3218.00
City Lynchburg	State VA Zip Code 24502	
Purpose of Disbursement Postage & Mailshop Fees - Generic		Category/ Type
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) ..... ▶	<b>3893.88</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

PAGE 25 / 28

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
A. Verizon, Inc.

Transaction ID: SB21B.20522

Date of Disbursement

Mailing Address PO Box 7120

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		0	2		2	0	0	6

City Tucson State AZ Zip Code 85731

Amount of Each Disbursement this Period

108.78
--------

Purpose of Disbursement  
Telephone Expense

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

108.78
--------

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

20757.67
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# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

<b>A. FERGUSON FOR CONGRESS</b> Full Name (Last, First, Middle Initial) Mailing Address 6302 Massachusetts Ave. City Bethesda State MD Zip Code 20816 Purpose of Disbursement Political Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		<b>Transaction ID: SB23.20506</b> Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 2000.00 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B. SALI FOR CONGRESS</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 71 City KUNA State ID Zip Code 83634 Purpose of Disbursement Political Contributions Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01		<b>Transaction ID: SB23.20508</b> Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C. STEELE FOR MARYLAND INC</b> Full Name (Last, First, Middle Initial) Mailing Address 1350 DORSEY ROAD BUILDING A STE A City HANOVER State MD Zip Code 21076 Purpose of Disbursement Political Contributions Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03		<b>Transaction ID: SB23.20509</b> Date of Disbursement 10 / 29 / 2006 Amount of Each Disbursement this Period 3000.00 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

# 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Blackwell For Governor</b>		<b>Transaction ID:</b> SB29.20615 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6
Mailing Address 172 E State Street, 6th Floor		Amount of Each Disbursement this Period 2000.00
City Columbus State OH Zip Code 43215	Purpose of Disbursement Political Contributions 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Friends of Jeff Frederick-VA House of Delegates</b>		<b>Transaction ID:</b> SB29.20512 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 13391 Dogues Terrace		Amount of Each Disbursement this Period 500.00
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Friends of Loretta Gaffney - MD Delegate, Dist 13</b>		<b>Transaction ID:</b> SB29.20513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address PO Box 6232		Amount of Each Disbursement this Period 500.00
City Columbia State MD Zip Code 21045	Purpose of Disbursement Political Contributions Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 28 / 28
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Advance Mailing Services	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 2600 Temple Heights Drive	
City State ZIP Code Oceanside CA 92056	

Outstanding Balance Beginning This Period <input type="text" value="3215.20"/>	<b>Transaction ID: SD10.15734</b>	
Amount Incurred This Period <input type="text" value="2578.58"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5793.78"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor J & N Printing	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 44084 Riverside Parkway Suite 350	
City State ZIP Code Lansdowne VA 20176	

Outstanding Balance Beginning This Period <input type="text" value="2808.48"/>	<b>Transaction ID: SD10.15736</b>	
Amount Incurred This Period <input type="text" value="2453.58"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5262.06"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="11055.84"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text" value="11055.84"/>
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>