Image# 14951894198 PAGE 1/2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Rick W. Allen for Congress	<b>.</b>				
ADDRESS (number and street) P. O. Box 338				1	
CITY, STATE, and ZIP CODE				_	
Augusta		GA 309	03		
2. NAME OF CANDIDATE Richard W Allen		3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
		House	GA 12	C00504019	
5. ISTHIS AN AMENDMENT? NO, THIS IS A	NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	/	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Name of Employer		Amount
Blessings of Liberty PAC - BOLPAC				day, year)	
c/o 8001 Irvine Center Drive #400				10/21/2014	2000
		Transaction ID : F65-CN4231			
Irvine	CA 92618	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
The Loose Group		riamo er Empleyer		day, year)	
·				10/21/2014	5000
3379 Peachtree Road Suite 270		Transaction ID : F65-CN4234			
		Occupation	J-CN4234		
Atlanta	GA 30326				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month, day, year)	Amount
Walters for Congress					
8001 Irvine Center Drive #400				10/21/2014	2000
		Transaction ID : F6	5-CN4230		
Irvine	CA 92618	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month,	Amount
Judy P. Booker		None		day, year)	
cua, i i zeeke.				10/21/2014	1000
P.O. Box 30172		: ID -			
		Transaction ID : F6 Occupation	5-CN4229		
Sea Island	GA 31561	Retired			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer		Date (month, day, year)	Amount
Bennie Bray		Self		day, year)	
8214 Westchester Dr				10/21/2014	2600
Apt 800		Transaction ID : F65-CN4236			
Dallas	TX 75225	Occupation Investments			
SIGNATURE (optional)		myodmonto	DATE	For further info	ormation contact:
E. G. Meybohm		[Electronically Filed]	10/22/2014	Federal Elect 999 E Street, NW, V	ion Commission Vashington, DC 20463 30, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



Image# 14951894199 PAGE 2 / 2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Rick W. Allen for Congress			]	
ADDRESS (number and street) P. O. Box 338			-	
CITY, STATE, and ZIP CODE				
Augusta		GA 30903	continuation	page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION NUMBER	
Richard W Allen		House GA 12	C00504019	
5. IS THIS AN AMENDMENT? NO, THIS IS A NE	EW FILING	YES, IT AMENDS THE NOTICE FILED ON	/////	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Stephanie Bray		None	day, year)	
8214 Westchester Dr			10/21/2014	2600
		Transaction ID : F65-CN4237		
Apt 800		Occupation D: F65-CN4237		
Dallas	TX 75225	Homemaker		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Foster Friess		Brandywine Funds	day, year)	
1 03(0) 1 11033		Brandy Wille F dildo	10/21/2014	2600
P.O. Box 9790			10/21/2011	2000
115 E. Snow King Avenue		Transaction ID : F65-CN4232		
-		Occupation		
Jackson	WY 83002	Owner		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Jeffrey Gorelick		Ruben's Department Store	day, year)	
•			10/21/2014	1000
914 Broad Street				
		Transaction ID : F65-CN4228		
Augusta	GA 30901	Occupation		
		EVP	Date (month,	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	day, year)	Amount
Carey Tankersley		State Farm Insurance		
PO Box 211515			10/21/2014	1000
FO BOX 211913		Transaction ID : F65-CN4227		
		Occupation		
Martinez	GA 30917	Insurance Agent		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
		Occupation	-	