

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="12637.04"/>	<input type="text" value="12637.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45553.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50835.49"/>	<input type="text" value="318836.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="96388.94"/>	<input type="text" value="331473.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="84523.10"/>	<input type="text" value="319607.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11865.84"/>	<input type="text" value="11865.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="213239.23"/>	

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

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: 05 / 01 / 2014 To: 05 / 31 / 2014

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).....	4600.00	66425.00
(ii) Unitemized	46235.49	252411.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50835.49	318836.78
(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)	50835.49	318836.78
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))..... ▶	50835.49	318836.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50835.49	318836.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	73540.00	286854.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	73540.00	286854.30
22. Transfers to Affiliated/Other Party Committees.....	7383.10	19153.68
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3600.00	12600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	84523.10	319607.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84523.10	319607.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	50835.49	318836.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50835.49	318836.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	73540.00	286854.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	73540.00	286854.30

**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 30
	(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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial) A. DR GLORIA C BILES 770		Date of Receipt
Mailing Address 2110 AMBERLY CT		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
HOUSTON	TX	77063
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.20375
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	DOCTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DELIGHT S BONNER 739		Date of Receipt
Mailing Address 1430 RIMROCK DR		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
GUYMON	OK	73942
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.20414
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JOSEPH BROWNE 800		Date of Receipt
Mailing Address 1525 SPRING CREEK DR		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAFAYETTE	CO	80026
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.20480
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DR JAMES CLYDE 334

Full Name (Last, First, Middle Initial)
Mailing Address 2778 S OCEAN BLVD APT N201

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.20614

Amount of Each Receipt this Period
 250.00

B. DR JAMES COLE 388

Full Name (Last, First, Middle Initial)
Mailing Address 3500 N MADISON ST MD

City CORINTH	State MS	Zip Code 38834
-----------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation UROLOGIST
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : SA11AI.20621

Amount of Each Receipt this Period
 50.00

C. MR JOHN F GAYLORD 282 JR

Full Name (Last, First, Middle Initial)
Mailing Address 4600 LEBANON RD

City CHARLOTTE	State NC	Zip Code 28227
-------------------	-------------	-------------------

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

Name of Employer MEDICAL SPECIALTIES INC	Occupation PRESIDENT
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2014
Transaction ID : SA11AI.21021

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MR RICHARD S GRIFFITH 705
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 91610
 City LAFAYETTE State LA Zip Code 70509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014
Transaction ID : SA11AI.21116
 Amount of Each Receipt this Period
 250.00

B. MR MARTIN HARRIS 782 CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 GRANBURG CIR
 City SAN ANTONIO State TX Zip Code 78218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation ACCOUNTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.21186
 Amount of Each Receipt this Period
 250.00

C. MS ELLA M HELM 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 3385 HALLMARK DR SE
 City MARIETTA State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : SA11AI.21225
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MS JUDITH HUBNIK 761
 Full Name (Last, First, Middle Initial)
 Mailing Address 3825 W 4TH ST
 City FORT WORTH State TX Zip Code 76107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RANGE RESOURCES Occupation GEOLOGIST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014
Transaction ID : SA11AI.21311
 Amount of Each Receipt this Period
50.00

B. MR LOREN JAHN 604
 Full Name (Last, First, Middle Initial)
 Mailing Address 13149 N COUNTRY CLUB CT
 City PALOS HEIGHTS State IL Zip Code 60463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOREN JAHN PRIVATE CHARITABLE FOUNDATION Occupation DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014
Transaction ID : SA11AI.21345
 Amount of Each Receipt this Period
250.00

C. MRS BARBARA A JARVIS 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 13923 DUNCANNON DR
 City HOUSTON State TX Zip Code 77015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014
Transaction ID : SA11AI.21353
 Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial) A. JOYCE KNOPP 824		Date of Receipt
Mailing Address 38 RD 3CXS		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City CODY	State WY	Zip Code 82414
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.21498
Name of Employer NONE	Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. MR KENNETH KOHLENBERG 814		Date of Receipt
Mailing Address 2825 OUTLOOK RD		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City MONTROSE	State CO	Zip Code 81401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.21508
Name of Employer NONE	Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. MR ROBERT E MALONE 852		Date of Receipt
Mailing Address 18721 E BUCKSKIN DR P O BOX 32063		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City RIO VERDE	State AZ	Zip Code 85263
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.21664
Name of Employer NONE	Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 11 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MRS OLIVIA MCFADDEN 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 11011 N ZEPHYR DR UNIT 111
 City FOUNTAIN HILLS State AZ Zip Code 85268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 05 / 27 / 2014
Transaction ID : SA11AI.21725
 Amount of Each Receipt this Period 75.00

B. MR WILLIAM G MCLAUGHLIN 336
 Full Name (Last, First, Middle Initial)
 Mailing Address 1510 E PALM AVE APT A314
 City TAMPA State FL Zip Code 33605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 14 / 2014
Transaction ID : SA11AI.21747
 Amount of Each Receipt this Period 50.00

C. BURTON MCPHEETERS 691
 Full Name (Last, First, Middle Initial)
 Mailing Address 23998 S MCPHEETERS RD
 City GOTHENBURG State NE Zip Code 69138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 16 / 2014
Transaction ID : SA11AI.21769
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 30
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)
A. JOHN NATELLE 067

Mailing Address 105 WOODFIELD RD

City MIDDLEBURY State CT Zip Code 06762

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014
Transaction ID : SA11AI.21913

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. MR PAUL D NELSON 472

Mailing Address 4895 PINE RIDGE DR APT 108

City COLUMBUS State IN Zip Code 47201

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014
Transaction ID : SA11AI.21920

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. MR PAUL PEELER 784 CPA

Mailing Address 11649 LEOPARD ST STE 3

City CRP CHRISTI State TX Zip Code 78410

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

Name of Employer SELF EMPLOYED Occupation ACCOUNTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2014
Transaction ID : SA11AI.22019

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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

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

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

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NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MR WALTER SCHOONMAKER 105
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 POE ST
 City HARTSDALE State NY Zip Code 10530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.22315
 Amount of Each Receipt this Period
 100.00

B. MR CHARLES SCHROEDER 920
 Full Name (Last, First, Middle Initial)
 Mailing Address 1973 BATCHELDER CT
 City EL CAJON State CA Zip Code 92020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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 Y
 05 / 06 / 2014
Transaction ID : SA11AI.22319
 Amount of Each Receipt this Period
 100.00

C. JEFFREY SPRAGENS 331
 Full Name (Last, First, Middle Initial)
 Mailing Address 7426 FISHER ISLAND DR
 City FISHER ISLAND State FL Zip Code 33109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation 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 Y
 05 / 15 / 2014
Transaction ID : SA11AI.22433
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	4600.00

**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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. BASE CONNECT INC

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - CREATIVE FEES

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : SB21B.22788

Amount of Each Disbursement this Period

9738.96

Full Name (Last, First, Middle Initial)

B. BASE CONNECT INC

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - CREATIVE FEES

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : SB21B.22790

Amount of Each Disbursement this Period

6337.31

Full Name (Last, First, Middle Initial)

C. BASE CONNECT INC

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - CREATIVE FEES

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : SB21B.22789

Amount of Each Disbursement this Period

3379.38

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

19455.65

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CENTURY DATA MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22791

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

5,182.20

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CENTURY DATA MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22793

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

6,055.67

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. CENTURY DATA MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22792

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

8,113.14

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

19,351.01

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

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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 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CENTURY DATA MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22794

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

1161.86

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. CENTURY DATA SYSTEMS CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22795

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

2545.87

Purpose of Disbursement
DATA PROCESSING

001
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. CENTURY DATA SYSTEMS CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22797

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

872.65

Purpose of Disbursement
DATA PROCESSING

001
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

4580.38

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

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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 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

Category/
Type

Candidate Name
VIGOP

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.22796

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. COAST TO COAST STRATEGIES LLC

Mailing Address 555 - 12TH STREET NW
SUITE 630

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING COMMISSION

Category/
Type

Candidate Name
VIGOP

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.22800

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. COAST TO COAST STRATEGIES LLC

Mailing Address 555 - 12TH STREET NW
SUITE 630

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING COMMISSION

Category/
Type

Candidate Name
VIGOP

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.22798

Amount of Each Disbursement this Period

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

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. COAST TO COAST STRATEGIES LLC

Mailing Address 555 - 12TH STREET NW
SUITE 630

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING COMMISSION

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : **SB21B.22799**

Amount of Each Disbursement this Period

326.29

Full Name (Last, First, Middle Initial)

B. COAST TO COAST STRATEGIES LLC

Mailing Address 555 - 12TH STREET NW
SUITE 630

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
FUNDRAISING COMMISSION

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : **SB21B.22801**

Amount of Each Disbursement this Period

248.99

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : **SB21B.22802**

Amount of Each Disbursement this Period

7367.32

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

7942.60

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Mailing Address 504 SHAW RD
SUITE 504

Transaction ID : SB21B.22804

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

4807.51

Purpose of Disbursement
DIRECT MAIL - PRINTING & MAILSHOP

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Mailing Address 504 SHAW RD
SUITE 504

Transaction ID : SB21B.22803

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

5644.90

Purpose of Disbursement
DIRECT MAIL - PRINTING & MAILSHOP

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DONOR BUREAU

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Mailing Address 1900 N CULPEPPER ST

Transaction ID : SB21B.22807

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

285.85

Purpose of Disbursement
DIRECT MAIL - LIST ENHANCEMENTS

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

10738.26

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

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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 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DONOR BUREAU

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
DIRECT MAIL - LIST ENHANCEMENTS

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2014

Transaction ID : SB21B.22805

Amount of Each Disbursement this Period

310.80

Full Name (Last, First, Middle Initial)

B. DONOR BUREAU

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
DIRECT MAIL - LIST ENHANCEMENTS

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.22808

Amount of Each Disbursement this Period

695.76

Full Name (Last, First, Middle Initial)

C. DONOR BUREAU

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
DIRECT MAIL - LIST ENHANCEMENTS

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Transaction ID : SB21B.22806

Amount of Each Disbursement this Period

945.21

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

1951.77

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE

Category/
Type

Candidate Name
VIGOP

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.22809

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE

Category/
Type

Candidate Name
VIGOP

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.22811

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE

Category/
Type

Candidate Name
VIGOP

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

Transaction ID : SB21B.22814

Amount of Each Disbursement this Period

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

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
CUSTOM CREDIT BILLING

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SB21B.22810

Amount of Each Disbursement this Period

199.00

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
CUSTOM CREDIT BILLING

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SB21B.22812

Amount of Each Disbursement this Period

73.25

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
CUSTOM CREDIT BILLING

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SB21B.22815

Amount of Each Disbursement this Period

26.00

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

298.25

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
MERCHANT SERVICE CHARGE

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SB21B.22813

Amount of Each Disbursement this Period

433.31

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
MERCHANT SERVICE CHARGE

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SB21B.22816

Amount of Each Disbursement this Period

18.80

Full Name (Last, First, Middle Initial)

C. LEGACY LIST MANAGEMENT CORP

Mailing Address 1155 - 15TH STREET
SUITE 410

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
DIRECT MAIL - LIST RENTALS

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SB21B.22818

Amount of Each Disbursement this Period

863.24

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

1315.35

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"/> 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22820

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

1516.80

Purpose of Disbursement
DIRECT MAIL - LIST RENTALS

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22817

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

2088.22

Purpose of Disbursement
DIRECT MAIL - LIST RENTALS

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.22819

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

2097.50

Purpose of Disbursement
DIRECT MAIL - LIST RENTALS

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

5702.52

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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 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2014

Transaction ID : SB21B.22822

Amount of Each Disbursement this Period

292.46

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB21B.22821

Amount of Each Disbursement this Period

492.83

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

785.29

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

73540.00

**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 checked="" 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. VIGOP - TERRITORIAL COMMITTEE

Mailing Address PO BOX 295

City State Zip Code
CHRISTIANSTED VI 00821

Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SB22.22825

Amount of Each Disbursement this Period

657.38

Full Name (Last, First, Middle Initial)

B. VIGOP - TERRITORIAL COMMITTEE

Mailing Address PO BOX 295

City State Zip Code
CHRISTIANSTED VI 00821

Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SB22.22823

Amount of Each Disbursement this Period

1481.00

Full Name (Last, First, Middle Initial)

C. VIGOP - TERRITORIAL COMMITTEE

Mailing Address PO BOX 295

City State Zip Code
CHRISTIANSTED VI 00821

Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SB22.22824

Amount of Each Disbursement this Period

3253.04

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

5391.42

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 type="checkbox"/> 21b	<input checked="" 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. VIGOP - TERRITORIAL COMMITTEE

Mailing Address PO BOX 295

City State Zip Code
CHRISTIANSTED VI 00821

Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SB22.22826

Amount of Each Disbursement this Period

1991.68

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1991.68

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

7383.10

**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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. BEN SASSE FOR US SENATE

Mailing Address PO BOX 1976

City: **FREMONT** State: **NE** Zip Code: **68026**

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
BEN SASSE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **NE** District: **00**

Date of Disbursement

/ /

Transaction ID : SB23.22830

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. DR CHARLES 'TREY' THOMAS III FOR CONGRESS

Mailing Address PO BOX 741

City: **BATON ROUGE** State: **LA** Zip Code: **70821**

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
BEN SASSE

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **NE** District: **00**

Date of Disbursement

/ /

Transaction ID : SB23.22833

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. MOONEY FOR CONGRESS

Mailing Address PO BOX 1863

City: **MARTINSBURG** State: **WV** Zip Code: **25402**

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name
ALEXANDER XAVIER MOONEY

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **WV** District: **02**

Date of Disbursement

/ /

Transaction ID : SB23.22827

Amount of Each Disbursement this Period

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

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 29 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT INC	Nature of Debt (Purpose): DIRECT MAIL - CREATIVE
Mailing Address 1155 - 15TH STREET SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="32993.05"/>	Transaction ID : SD10.7789	
Amount Incurred This Period <input type="text" value="43139.19"/>	Payment This Period <input type="text" value="19455.65"/>	Outstanding Balance at Close of This Period <input type="text" value="56676.59"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA SYSTEMS CORP	Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1155 - 15TH STREET SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="8716.86"/>	Transaction ID : SD10.7791	
Amount Incurred This Period <input type="text" value="14916.17"/>	Payment This Period <input type="text" value="4335.26"/>	Outstanding Balance at Close of This Period <input type="text" value="19297.77"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CONSOLIDATED MAILING SERVICES	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 504 SHAW RD SUITE 504	
City State Zip Code STERLING VA 20166	

Outstanding Balance Beginning This Period <input type="text" value="32097.12"/>	Transaction ID : SD10.7792	
Amount Incurred This Period <input type="text" value="85228.16"/>	Payment This Period <input type="text" value="17819.73"/>	Outstanding Balance at Close of This Period <input type="text" value="99505.55"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="175479.91"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 30 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DONOR BUREAU	Nature of Debt (Purpose): LIST ENHANCEMENT SERVICES
Mailing Address 1900 N CULPEPPER ST	
City State Zip Code ARLINGTON VA 22207	

Outstanding Balance Beginning This Period 1746.54	Transaction ID : SD10.7798	
Amount Incurred This Period 3395.79	Payment This Period 2237.62	Outstanding Balance at Close of This Period 2904.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LIST MANAGEMENT CORP	Nature of Debt (Purpose): DIRECT MAIL - LIST RENTALS
Mailing Address 1155 - 15TH STREET SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 12291.50	Transaction ID : SD10.15277	
Amount Incurred This Period 23638.87	Payment This Period 6565.76	Outstanding Balance at Close of This Period 29364.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACKENZIE & COMPANY	Nature of Debt (Purpose): CONSULTING - COMPLIANCE
Mailing Address 2776 S ARLINGTON MILL DR #806	
City State Zip Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period 455.20	Transaction ID : SD10.7794	
Amount Incurred This Period 5034.80	Payment This Period 0.00	Outstanding Balance at Close of This Period 5490.00

1) SUBTOTALS This Period This Page (optional)..... ▶	37759.32
2) TOTALS This Period (last page this line number only)..... ▶	213239.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	213239.23