



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

February 4, 2009

Scott B. Mackenzie, Treasurer
Black Republican PAC
P.O. Box 96613
Washington, DC 20090

**Response Due Date:
March 9, 2009**

Identification Number: C00437053

Reference: October Quarterly Report (7/1/08-9/30/08)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following item:

-Your committee has filed a 48 hour notice for an independent expenditure opposing Barak Obama (see attached) which has not been itemized on Schedule E supporting Line 24 of the Detailed Summary Page. Please be advised that independent expenditures disclosed on 48 hour notices must also be itemized on a corresponding Schedule E or MEMO Schedule E and Schedule D (if applicable), in the appropriate reporting period. Further, if the actual payment(s) for the independent expenditure(s) occurs after the date of dissemination, the appropriate report(s) should continue to show payment on Schedule E and Schedule D, until the debt is fully extinguished. Please amend your report and any subsequent reports that may be affected by this correction.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

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Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1153.

Sincerely,

Kristin DeCarmine

Kristin DeCarmine
Senior Campaign Finance Analyst
Reports Analysis Division

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FEC FORM 5

https://webforms.nictusa.com/wfja/form5

Webform last accessed on Fri Aug 29 2008 18:55:34 GMT-0700 (Pacific Standard Time)
Your webform session will time-out in: 60 minutes from last webform access time.
Click here to extend your webform session for 1 Hour.

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation *

Entity Type of Filer

Select: [Redacted] *

Name of Filer

Organization Name / Political Committee Name BLACK REPUBLICAN PAC

-or-

Last Name [Redacted] First Name [Redacted]

Middle Name [Redacted] Prefix [Redacted] Suffix [Redacted]

(b) Address (number and street)* [] check if different than previously reported

PO BOX 96613

(c) City WASHINGTON State Dist of Columbia Zip Code 20090

2. Corporate filers only

Is the filer a qualified nonprofit corporation? [] Yes [] No

Individual filers only

Name of Employer Occupation

3. FEC Identification Number C 00437053

4. TYPE OF REPORT (Check appropriate report type)

Report Type:

48-Hour Report

Is this report an amendment?* [] Yes [] No

If report is an amendment, please provide the Report ID of the original report and Amendment Number of this amendment in the boxes given below. Click the "Report ID Lookup" link below to find the Report ID for original report.*

Report ID Lookup

Original Report ID FEC- [Redacted] Amendment Number [Redacted] (e.g. 1, 2, 3...etc.)

5. Covering Period 07/01/2008 through 07/28/2008

6. TOTAL CONTRIBUTIONS \$0.00

7. TOTAL INDEPENDENT EXPENDITURES \$1,1690.00

1916372865082

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Add Schedule 5-A

TOTAL This Period
(last page carry total to Line 6)
Back to TOP

\$0.00

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

Add Schedule 5-E

Independent Expenditure #1.

Delete Record

Entity Type of Payee*

Organization (not a committee and not a person)

Name of Payee *

Organization Name		TIME WARNER CABLE MEDIA SERVICES	
-or-			
Last Name	First Name		
Middle Name	Prefix	Suffix	

Date of Independent Expenditure*

08/27/2008 (mm/dd/yyyy)

Amount *

\$11,690.00

Mailing Address of Payee

13195 COLLECTION CTR DRIVE

City	State	Zip
CHICAGO	Illinois	60693

Payee Committee FEC ID

C00431445

Purpose of Disbursement (including title(s) of communication(s)) *

MEDIA BUY 8/27 - 9/08/2008

Category / Type

Advertising Expenses -including general public political advertising

Calendar Year-To-Date Per Election for Office Sought

11,690.00

Candidate ID

Name of Federal Candidate

Last Name	OBAMA	First Name	BARAK
Middle Name	HUSSEIN	Prefix	
		Suffix	

Disbursement/Obligation For

General

Election Year

2008

Office Sought

- House
- Senate
- President

Check one

- Support
- Oppose

District

State

Select

TOTAL Independent Expenditures
(last page carry total to Line 7)
Back to TOP

\$11,690.00

280798229142

FEC FORM 5

https://webforms.nictusa.com/wfja/form5

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM*

DATE *

Last Name First Name

(mm/dd/yyyy)

Middle Name Prefix Suffix

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

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FEC Form 5 (Rev. 09/20)

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463

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

Check for Validation Errors

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