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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An Aut	thorized Committee	Office !	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
1911 UNITED				
ADDRESS (number and street)	700 12TH STREET NW SU	JITE 700		
Check if different than previously reported. (ACC)	WASHINGTON		DC 2000	05
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE A	ZIP CODE ▲
C C00508200		S THIS REPORT X (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	Report Due On: Mai	20 (M2) May 20 (M5 r 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7)		(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Quarterly Report (C) July 15 Quarterly Report (C) October 15 Quarterly Report (C) January 31 Year-End Report (N)	PRE-Election Report for the:	Primary (12P) Convention (12C) on on	General (12G) Special (12S)	Runoff (12R) in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 0 ²		through 06		015
certify that I have examined th	nis Report and to the best of	f my knowledge and belief it is to	rue, correct and compl	ete.
Type or Print Name of Treasure	er Sinclair Skinner			
Signature of Treasurer Sincl	lair Skinner	[Electronically Filed]		2015
NOTE: Submission of false, erron	eous, or incomplete informatio	on may subject the person signing	this Report to the penal	Ities of 2 U.S.C. §437g.
Office Use				C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **1911 UNITED** 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1342.12 January 1, 2015 (b) Cash on Hand at 1342.12 Beginning of Reporting Period..... 0.00 0.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1342.12 1342.12 6(a) and 6(c) for Column B)..... 131.94 131.94 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 1210.18 1210.18 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 141913.27 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

1	91	1	U	NI	т	F	\Box
	7 1		\cdot	I VI I		ட	ப

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tillo I ciloc	Calondar Tour to Bate
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		2.00
Lines 11(a)(i) and (ii)▶	0.00	0.00
(h) Delitical Darty Committees	0.00	0.00
(b) Political Party Committees	0.00	3
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	0.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
· —	7	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	,	,
(a) Non-Federal Account	0.00	
(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
. Total Receipts (add Lines 11(d),	0.00	0.00
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
Total Endard Pagaints		
. Total Federal Receipts	0.00	0.00
(subtract Line 18(c) from Line 19)▶	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Gliou	Calcilual Teal-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non Fodoral Chara	0.00	0.00	
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures	131.94	131.94	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	131.94	131.94	
Transfers to Affiliated/Other Party	0.00	0.00	
Contributions to	0.00	0.00	
Federal Candidates/Committees and Other Political Committees	0.00	0.00	
Independent Expenditures			
(use Schedule E)	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(use Schedule F)	7	0.00	
Loan Repayments Made	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other	0.00	0.00	
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	
(444 4.100 20(0)), (2), 2.10 (2),			
Other Disbursements	0.00	0.00	
5			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
(from Schedule H6)			
(i) Federal Share	0.00	0.00	
_		0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely	0.00	0.00	
With Federal Funds	7	3.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
_			
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	131.94	131.94	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	131.94	131.94	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	131.94	131.94
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	131.94	131.94

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 6 OF 14

FOR LINE 13 OF FORM 3X

	Detailed Summary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4100
1911 UNITED	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Liberty Industries LLC	Primary
, , , , , , , , , , , , , , , , , , ,	General
Mailing Address	Other (specify)
Mailing Address 700 12th Street NW Suite 700	
	Code 20005
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
10000.00	0.00
TERMS	
Date Incurred Date D	
05 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	On Demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
3	,
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	10000.00
TOTALO TINO I GNOU TINO F age (Optional)	
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line.	If no Schedule D. carry forward to appropriate line of Summery
barry batetanding balance only to Live 5, Schedule D, for this line.	in no concurred, carry forward to appropriate fille of cullificaty.

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4100

Sinclair Skinner is the sole individual member for Liberty Industries LLC.

Form/Schedule: Transaction ID:

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

PAGE 8 OF 14

FOR LINE 13 OF FORM 3X

	Detailed Summary Page 1 1 311 211 13 31 1 3111 311
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4367
1911 UNITED	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Liberty Industries LLC	Primary General
Mailing Address 700 12th Street NW Suite 700	Other (specify) ▼
	Code 20005
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS Date Incurred Date D	Due Interest Rate Secured:
03 / 22 / 2013 M M / D D /	On Demand 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the

PAGE 9 OF 14

FOR LINE 13 OF FORM 3X

		Detailed Summary Page	e FOR LINE 13 OF FORM 3X
IAME OF COMMITTEE (In Full)		Trar	nsaction ID : SC/10.4415
1911 UNITED			
LOAN SOURCE Full Name (Last, First,	, Middle Initial)		Election:
Liberty Industries LLC			Primary
			General
Mailing Address 700 12th Street NW Suite	e 700		Other (specify) ▼
City Washington		ode 20005	
Original Amount of Loan	Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
1986.00		0.00	1986.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M M / D D / Y Y Y Y		VVV	
05 31 2013		n Demand 0.00	% (apr) Yes X No
List All Endorsers or Guarantors (if an			
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
4. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer	, , , , , , , , , , , , , , , , , , , ,
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed	
		Outstanding:	, , , , , , , , , , , , , , , , , , , ,
SUBTOTALS This Period This Page (option	nal)	<u> </u>	1986.00
TOTALS This Period (last page in this line	only)	>	
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate solution for each category Detailed Summa

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 10 OF 14

FOR LINE 13 OF FORM 3X

		Botanea Garrinary 1	-90
AME OF COMMITTEE (In Full)		Tı	ransaction ID : SC/10.4508
911 UNITED			
LOAN SOURCE Full Name (Last, Fire	st Middle Initial)		Election:
Liberty Industries LLC	ot, Middle Hillary		Primary
			General
Mailing Address 700 12th Street NW Sui	ite 700		Other (specify) ▼
City Washington	State DC ZIP	Code 20005	
Original Amount of Loan	Cumulative Payment	To Date B	salance Outstanding at Close of This Period
3000.00		0.00	3000.00
TERMS		,	
Date Incurred	Date Du		Rate Secured:
05 01 Y 2014	M = M / D = D /	On Domana	% (apr) Yes X No
List All Endorsers or Guarantors (if a	any) to Loan Source		
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
		A	
City Sta	ate ZIP Code	Amount Guaranteed	
Olly	ale Zii Godo	Outstanding:	7 7 7
2. Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Address		Occupation	
Ü		·	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	7
Full Name (Last, First, Middle Initial		Name of Employer	
Mailing Addus as		O a servicio de	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed	
•		Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed	
		Outstanding:	
		Г	2222.55
JBTOTALS This Period This Page (opti	ional)	>	3000.00
TALS This Period (last page in this lin	e only)		
			7 - 7
arry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry f	orward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 11 OF 14

FOR LINE 13 OF FORM 3X

	Detailed Suffilliary Page
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4102
1911 UNITED	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Sinclair Skinner	Primary
	General
Mailing Address 700 12th Street NW Suite 700	Other (specify) ▼
City Washington State DC	ZIP Code 20005
	Payment To Date Balance Outstanding at Close of This Period
10000.00	0.00 10000.00
TERMS	
Date Incurred	Date Due Interest Rate Secured:
05 18 2012	On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sour	rce
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Walling Address	Cocapation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Maining Address	Occupation
	Amount
City State ZIP Code	
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
Oth. 01-1- 71D O. 1-	Amount
City State ZIP Code	Guaranteed Outstanding:
CHRIOTAL C This Devied This Deve (entire)	10000.00
SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line only)	>
Carry outstanding balance only to LINE 3, Schedule D, for	this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE 13 OF FORM 3X

	Detailed Sulfillinary Fage 1 311 = 13 31 1 311 311
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4103
1911 UNITED	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Sinclair Skinner	Primary
	General
Mailing Address 700 12th Street NW Suite 700	Other (specify) ▼
	IP Code 20005
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
5000.00	0.00 5000.00
TERMS Date In a word	- Due German
Date Incurred Date	e Due Interest Rate Secured:
07 09 2012	On Demand 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Amount Guaranteed
5,	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
-	·
NIDTOTAL C. This Deviced This Dame (antical D	5000.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	>
Carry outstanding halance only to LINE 2. Schodulo D. for this li	ine. If no Schedule D, carry forward to appropriate line of Summary.
carry outstanding balance only to LINE 3, Schedule D, for this in	ne. If no ochedule b, carry forward to appropriate line of Summary.

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

DAN SOURCE Full Name (Last, First, Middle Initial) Sinclair Skinner Mailing Address Condition City State ZIP Code Cocupation Mailing Address City State ZIP Code Cocupation Amount City State ZIP Code Cocupation Amount Cocupatio	ME OF COMMITTEE (In Full)		Transaction ID: SC/10.4368
Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Couranteed Custanding City State ZIP Code Custanding City City State ZIP Code Custanding City City State ZIP Code Custanding City	11 UNITED		
Alailing Address 700 12th Street NW Suite 700 Sity Washington State DC ZIP Code 20005 Cumulative Payment To Date Balance Outstanding at Close of This F 4614.77 Co.00 4614.77 Late Due Interest Rate Secured: Of 24° 2013 State Due Interest Rate Secured: Of 24° 2013 Name of Employer Mailing Address Occupation Amount Guaranteed Quistanding: City State ZIP Code Guaranteed Cutstanding: Amount Guaranteed Cutstanding:	OAN SOURCE Full Name (Last, First, I	Middle Initial)	Election:
tailing Address 700 12th Street NW Suite 700 iity Washington State DC ZIP Code 20005 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This F ERMS Date Incurred Date Due Interest Rate Secured: "05" "24" "2013" "11" "0.00 Mode on Demand Mode of Mode	Sinclair Skinner		Primary
ity Washington State DC ZIP Code 20005 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This F Page (optional) State DC ZIP Code 20005 Balance Outstanding at Close of This F Page (optional) Balance Outstanding at Close of This F Page (optional) Balance Outstanding: Interest Rate Secured: 0.00 4614.77 Date Due Interest Rate Secured: 0.00 % (apr) Yes Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial)			
Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This F Beautiful Secured: 0.00 4614.77 Date Due Interest Rate Secured: 0.05 24 2013 Date Due Interest Rate Secured: 0.00 % (apr) Yes Secured: 0.05 Pull Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding:	failing Address 700 12th Street NW Suite 7	700	Other (specify) ▼
ERMS Date Incurred Date Due Interest Rate Secured: O5			
BERMS Date Incurred Date Due Interest Rate Secured: O6	Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This P
Date Incurred Date Due Interest Rate Secured: O5	4614.77		0.00 4614.77
State ZIP Code Coupation		Date Di	a Interest Rate Secured
Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Gutstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: 5. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: Outstanding: 5. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: Outstanding: Amount Guaranteed Outstanding: Outstanding:			000 Daward
Malling Address City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	ist All Endorsers or Guarantors (if any) to Loan Source	
City State ZIP Code Guaranteed Outstanding: Parall Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Parall Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Parall Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Parall Name (Last, First, Middle Initial) Amount Guaranteed Outstanding: Parall Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding:	. Full Name (Last, First, Middle Initial)		Name of Employer
City State ZIP Code Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer City State ZIP Code Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	Mailing Address		Occupation
Outstanding: Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Employer Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:			Amount
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SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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X	10

14

14 OF

NAME OF COMMITTEE (In Full) **1911 UNITED** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Financial Compliance Whitney Burns Mailing Address P.O. Box 1174 State Zip Code Springfield 22151 Transaction ID: SD10.4104 Outstanding Balance Beginning This Period 2312.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2312.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Vehicle Rental Sinclair Skinner Mailing Address 700 12th Street NW Suite 700 City State Zip Code Washington DC 20005 Outstanding Balance Beginning This Period Transaction ID: SD10.4107 100000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 100000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 102312.50 1) SUBTOTALS This Period This Page (optional)..... 102312.50 2) TOTALS This Period (last page this line number only)..... 39600.77 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 141913.27 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)