



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Rick W. Allen for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	121297	1269227.16
(b) Total Contribution Refunds (from Line 20(d)) .....	1100	2700
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	120197	1266527.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	362041.56	1892100.24
(b) Total Offsets to Operating Expenditures (from Line 14).....		550
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	362041.56	1891550.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	111393.08	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1235000	

**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 3 (Revised 12/2003)

Write or Type Committee Name

Rick W. Allen for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	93390	939358
(ii) Unitemized.....	4907	61917
(iii) TOTAL of contributions from individuals ▶	98297	1001275
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	20500	190490.65
(d) The Candidate.....	2500	77461.51
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	121297	1269227.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....		9289.22
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	235000	825000
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	235000	825000
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....		550
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	356297	2104066.38

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	362041.56	1892100.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		90000
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		90000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1100	2700
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1100	2700
21. OTHER DISBURSEMENTS .....		
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	363141.56	1984800.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	118237.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	356297
25. SUBTOTAL (add Line 23 and Line 24).....	474534.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	363141.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	111393.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Duckworth Properties LLC**

Mailing Address 3133 Edinburgh Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4099**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Duckworth**

Mailing Address 815 Old Steven's Creek Road

City Martinez State GA Zip Code 30907

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

Name of Employer Occupation  
 R.W. Allen LLC Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4100**

Amount of Each Receipt this Period  
**500**

Partnership-Duckworth Properties LLC

**[MEMO ITEM]**  
 \$500.00 MEMO Partnership Attributed

**C.** Full Name (Last, First, Middle Initial)  
**JEF Consulting LLC**

Mailing Address 259 Bobby Jones Expwy

City Augusta State GA Zip Code 30907

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4165**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James E Felton**

Mailing Address 259 Bobby Jones Expwy

City Augusta State GA Zip Code 30907

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

Name of Employer Southern Siding Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4166**

Amount of Each Receipt this Period  
**1000**  
 Partnership-JEF Consulting LLC

**[MEMO ITEM]**  
**\$1000.00 MEMO Partnership Attributed**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Earl W Allen Jr**

Mailing Address 813 Tea Olive Ct

City Evans State GA Zip Code 30809

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

Name of Employer CSRA Camperland Occupation Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4153**

Amount of Each Receipt this Period  
**2500**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Andrew R. Allgood**

Mailing Address 491 Furrys Ferry Rd

City Martinez State GA Zip Code 30907-8221

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4065**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**5100.00**

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

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

FOR LINE NUMBER: PAGE 7 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wilson F. Allgood**  
 Mailing Address 714 Montrose Court  
 City State Zip Code  
 Augusta GA 30904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Allgood Professional Services Attorney  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 07 2014**  
**Transaction ID : SA11Ai-CN4022**  
 Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Cathy Armstrong**  
 Mailing Address 3032 Lake Forest Dr  
 City State Zip Code  
 Augusta GA 30909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**2900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 15 2014**  
**Transaction ID : SA11Ai-CN4143**  
 Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**John E. Atkins**  
 Mailing Address 333 Texas Street Suite 2300  
 City State Zip Code  
 Shreveport LA 71101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Atco Investment Company Partner  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 15 2014**  
**Transaction ID : SA11Ai-CN4185**  
 Amount of Each Receipt this Period  
**750**

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

**1300.00**

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

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

FOR LINE NUMBER: PAGE 8 OF 77  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William J. Atkins Jr**

Mailing Address 333 Texas Street Suite 2300

City State Zip Code  
Shreveport LA 71101

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

Name of Employer Occupation  
Atco Investment Company Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2014

**Transaction ID : SA11Ai-CN4184**

Amount of Each Receipt this Period  
**750**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William J Badger**

Mailing Address 2642 Henry St

City State Zip Code  
Augusta GA 30904

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

Name of Employer Occupation  
Augusta Sash And Door Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2014

**Transaction ID : SA11Ai-CN4204**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Robert T. Bailey**

Mailing Address 3551 Bellerive Circle

City State Zip Code  
Martinez GA 30907

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

Name of Employer Occupation  
RT Bailey Construction Builder

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 15 2014

**Transaction ID : SA11Ai-CN4205**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2750.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary D. Beman**

Mailing Address 719 Somerset Way

City Augusta State GA Zip Code 30909

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4133**

Amount of Each Receipt this Period  
 100

**B.** Full Name (Last, First, Middle Initial)  
**Delbert Bland**

Mailing Address 6054 Highway 121

City Reidsville State GA Zip Code 30453

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2014

**Transaction ID : SA11Ai-CN4044**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Patti Blanton**

Mailing Address 6395 Keg Creek Drive

City Appling State GA Zip Code 30802

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4029**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

1600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Patrick Blohm**

Mailing Address 237 Falligant Avenue

City Savannah State GA Zip Code 31410

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11Ai-CN3988**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. David L. Booker**

Mailing Address 2321 Kings Way

City Augusta State GA Zip Code 30904

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

Name of Employer Laboratory Medicine PC Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2014

**Transaction ID : SA11Ai-CN3990**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Bovard**

Mailing Address 921 Littleton Street

City Augusta State GA Zip Code 30904

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

Name of Employer Augusta Iron & Steel Works Occupation EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4083**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Shirley W. Bracewell**

Mailing Address 3741 Pebble Beach Dr

City Augusta State GA Zip Code 30907

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4027**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Alan D Brosious**

Mailing Address 1018 Barrett Drive

City Evans State GA Zip Code 30809

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

Name of Employer Self Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11Ai-CN3963**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Andrew B. Brown III**

Mailing Address 1107 Shady Lane Circle

City Talladega State AL Zip Code 35160

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4003**

Amount of Each Receipt this Period  
 500

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jack M. Chapman Jr**

Mailing Address 2061 Beverly Road

City Gainesville State GA Zip Code 30501

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

Name of Employer Gainesville Eye Associates Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4113**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Susan Conger**

Mailing Address 2808 Peachtree Pl

City Augusta State GA Zip Code 30909-5220

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary 2014 Debt

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4121**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Terrence J. Cook**

Mailing Address 10 Summerville Ln

City Augusta State GA Zip Code 30909-1814

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1350**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4151**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**4600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis C Coole Jr**

Mailing Address 2850 Evans Woods Dr

City Atlanta State GA Zip Code 30340

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

Name of Employer: Travelers Companies Inc. Occupation: Acct Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4196**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Peggy W. Cooper**

Mailing Address 507 Loyola Drive

City Augusta State GA Zip Code 30909

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

Name of Employer: Cooper & Co. CPAs Occupation: CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2014

**Transaction ID : SA11Ai-CN4062**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Brian Coursey**

Mailing Address 736 Greenfield Abbey Court

City Martinez State GA Zip Code 30907

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

Name of Employer: Hull Barrett Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4082**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**450.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 77

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John A. Crawford**

Mailing Address 333 Texas Street Suite 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer Atco Investment Company Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4180**

Amount of Each Receipt this Period  
**750**

**B.** Full Name (Last, First, Middle Initial)  
**Edward J. Crawford III**

Mailing Address 333 Texas Street Suite 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer Atco Investment Company Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4179**

Amount of Each Receipt this Period  
**750**

**C.** Full Name (Last, First, Middle Initial)  
**Billy Crider**

Mailing Address P.O. Box 398

City Stillmore State GA Zip Code 30464

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

Name of Employer Crider Poultry Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4169**

Amount of Each Receipt this Period  
**5000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**6500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alison A. Crowther</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 333 Texas Street Suite 2300		<b>Transaction ID : SA11Ai-CN4182</b>
City Shreveport	State LA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750	

Full Name (Last, First, Middle Initial) <b>B. Brian Daniel</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2014
Mailing Address 740 Memorial Drive		<b>Transaction ID : SA11Ai-CN4045</b>
City Gainesville	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer Carroll Daniel Construction Co.	Occupation Building Contractor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500	

Full Name (Last, First, Middle Initial) <b>C. Mr. Michael C. Dawson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2014
Mailing Address 3460 Piping Rock		<b>Transaction ID : SA11Ai-CN4013</b>
City Houston	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer Merrill Lynch	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Nick Dickinson**

Mailing Address 771 Broad St

City Augusta State GA Zip Code 30901

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

Name of Employer Dickinson Architects PC Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4016**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)  
**Rox Ann Dickinson**

Mailing Address 3007 Bransford Rd

City Augusta State GA Zip Code 30909

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

Name of Employer Dickinson Architects Occupation Interior Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11Ai-CN3994**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Bennett Dudley**

Mailing Address 513 Henderson Drive

City Augusta State GA Zip Code 30909

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

Name of Employer R.A. Dudley Nurseries Inc. Occupation Nursery Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4111**

Amount of Each Receipt this Period  
 100

**SUBTOTAL** of Receipts This Page (optional).....

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

1350.00



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

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

FOR LINE NUMBER: PAGE 17 OF 77  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. F Marion Durst III**

Mailing Address 2325 Washington Rd

City State Zip Code  
Augusta GA 30904

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

Name of Employer Occupation  
Self Employed Family Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 07 / 2014**

**Transaction ID : SA11Ai-CN4005**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Jack Edwards**

Mailing Address PO Box 123

City State Zip Code  
Mobile AL 36601

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11Ai-CN4074**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Wilson Wiley Farr**

Mailing Address P.O. Box 14519

City State Zip Code  
Augusta GA 30919

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

Name of Employer Occupation  
The Carpet Shop Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11Ai-CN4145**

Amount of Each Receipt this Period  
**400**

**SUBTOTAL** of Receipts This Page (optional).....

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Arthur C. Fiscofer**

Mailing Address 3105 Sussex Road

City Augusta State GA Zip Code 30909

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

Name of Employer Boutwell Chiropractic Group Occupation Chiropractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4112**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Sandra N Freedman**

Mailing Address 7 Retreat Rd

City Augusta State GA Zip Code 30909-1837

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4152**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**David Frolich**

Mailing Address PO Box 28590

City Macon State GA Zip Code 31221

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

Name of Employer Radiology Associates Of Macon Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4110**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>Mr. Henry Burt Garrett III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2014
Mailing Address 815 Camellia Road		<b>Transaction ID : SA11Ai-CN4023</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer Garrett Appraisals Inc.	Occupation Real Estate Appraisal	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500	

Full Name (Last, First, Middle Initial) <b>Dr. Gregory L. Gay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 1316 Comfort Road		<b>Transaction ID : SA11Ai-CN4164</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer Self	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000	

Full Name (Last, First, Middle Initial) <b>Mr. John W Gibson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2014
Mailing Address 3011 Bransford Rd		<b>Transaction ID : SA11Ai-CN4028</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000
Name of Employer Green Arch Capital	Occupation Real Estate	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3850	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Caroline M. Gilham**

Mailing Address 106 Camden Rd NE

City Atlanta State GA Zip Code 30309

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4072**

Amount of Each Receipt this Period  
 200

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Marian C Goldsmith**

Mailing Address 15 Summerville Ln

City Augusta State GA Zip Code 30909

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1475**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4197**

Amount of Each Receipt this Period  
 100

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Maria T Greenway**

Mailing Address 3518 Lakestone Ct

City Augusta State GA Zip Code 30907

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4080**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hank Griffin**

Mailing Address 1309 Glenn Ave

City Augusta State GA Zip Code 30904

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

Name of Employer Kuhlke Construction & Associates Inc. Occupation General Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4081**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Louie H Griffin Jr**

Mailing Address 1 Bransford Pl

City Augusta State GA Zip Code 30904

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

Name of Employer VAMC Occupation Vascular Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4119**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Ruth Lee Hair**

Mailing Address 1707 Briarcliff Cir

City Dalton State GA Zip Code 30720

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4010**

Amount of Each Receipt this Period  
 250

**SUBTOTAL** of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Gordon B Hardy**

Mailing Address 2705 Wellington Dr

City Augusta State GA Zip Code 30909

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

Name of Employer Augusta Industrial Services Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4064**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**John Harmon**

Mailing Address 1426 Lovelace Road

City Lincolnton State GA Zip Code 30817

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4114**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Sarah E Harrover**

Mailing Address 3501 Heatherstone Way

City Martinez State GA Zip Code 30907

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

Name of Employer Family Physicians Of Evans Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4203**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David A. Hartman**

Mailing Address 3345 Bee Cave Road  
Suite 203

City Austin State TX Zip Code 78746

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

Name of Employer Hartman And Associates Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11Ai-CN4105**

Amount of Each Receipt this Period  
1000

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Hartman**

Mailing Address 3345 Bee Cave Road  
Suite 203

City Austin State TX Zip Code 78746

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

Name of Employer Hartman & Associates Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11Ai-CN4106**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Adam Hatcher**

Mailing Address 704 Somerset Way

City Augusta State GA Zip Code 30909

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

Name of Employer MAU Workforce Solutions Occupation General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : SA11Ai-CN4042**

Amount of Each Receipt this Period  
1500

**SUBTOTAL** of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Roy H. Hinman II**

Mailing Address 100 Arricola Avenue

City Saint Augustine State FL Zip Code 32080

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

Name of Employer Island Doctors Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4038**

Amount of Each Receipt this Period  
2600

**B.** Full Name (Last, First, Middle Initial)  
**William M. Hixon**

Mailing Address P.O. Box 6247

City North Augusta State SC Zip Code 29861

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

Name of Employer Hixon Insurance Agency Occupation Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4033**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles W Hock Jr**

Mailing Address PO Box 904

City Augusta State GA Zip Code 30903

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

Name of Employer Self Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : SA11Ai-CN3977**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

3850.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Willie R. Hutto**

Mailing Address 760 Locks Way

City Augusta State GA Zip Code 30907

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4146**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard A Ingram**

Mailing Address 781 Rocky Branch Ln

City Evans State GA Zip Code 30809

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

Name of Employer Self Employed Occupation Masonry Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **925**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4138**

Amount of Each Receipt this Period  
 200

**C.** Full Name (Last, First, Middle Initial)  
**Mr. James M. Jeter**

Mailing Address 45 Cherokee Road

City Moultrie State GA Zip Code 31768

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

Name of Employer Standard Discount Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4077**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Paula C Knox</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 451 Stevens Creek Rd		<b>Transaction ID : SA11Ai-CN4201</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

Full Name (Last, First, Middle Initial) <b>B. Ms. Beth W Kuhlke</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 824 Milledge Rd		<b>Transaction ID : SA11Ai-CN4144</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200	

Full Name (Last, First, Middle Initial) <b>C. Creighton Laircey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2014
Mailing Address 1528 Crescent Ct		<b>Transaction ID : SA11Ai-CN4019</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer Creighton Laircey Co	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Chalton Jerome Lane Jr**

Mailing Address 509 Crestview Drive

City Statesboro State GA Zip Code 30458

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

Name of Employer Claxton Poultry Farms Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 07 / 2014**

**Transaction ID : SA11Ai-CN4014**

Amount of Each Receipt this Period  
**2000**

**B.** Full Name (Last, First, Middle Initial)  
**Merritt Lane**

Mailing Address 112 Sunset Court

City Carrollton State GA Zip Code 30117

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11Ai-CN4103**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Scott Ledbetter**

Mailing Address P.O. Box 31147

City Sea Island State GA Zip Code 31561

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

Name of Employer Self Occupation Business

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : SA11Ai-CN4049**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lee Lemke**

Mailing Address 113 Arwright Landing

City Macon State GA Zip Code 31210

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

Name of Employer Georgia Mining Association Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4116**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph T Lykes III**

Mailing Address 2910 Hawthorne Rd W

City Tampa State FL Zip Code 33611

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

Name of Employer Self Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4032**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Robert P. MacKenzie III**

Mailing Address 1404 Wellington Road

City Birmingham State AL Zip Code 35213

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

Name of Employer Starnes Davis Florie LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4031**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Phillips Maddox**

Mailing Address 2734 Peachtree Road

City Atlanta State GA Zip Code 30305

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11Ai-CN3983**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Chad Mathis**

Mailing Address 5302 Mountain Park Drive

City Pelham State AL Zip Code 35124

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

Name of Employer Alabama Bone & Joint Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4126**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Sara D McArthur**

Mailing Address 569 Rose Dew Lake Ln

City Mount Vernon State GA Zip Code 30445

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4012**

Amount of Each Receipt this Period  
**400**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Susanna A. McCarthy**

Mailing Address 333 Texas Street Suite 2300

City Shreveport State LA Zip Code 71101

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4183**

Amount of Each Receipt this Period  
**750**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Deborah M. McCord**

Mailing Address 505 Brandermill Rd.

City Evans State GA Zip Code 30809

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

Name of Employer SRNS Occupation Financial Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4041**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Joe McGlamery**

Mailing Address P.O. Box 888

City Statesboro State GA Zip Code 30459

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

Name of Employer Statesboro Herald Occupation Publisher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4036**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. William McKee**

Mailing Address **PO Box 338**

City **Cashiers** State **NC** Zip Code **28717**

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

Name of Employer **McKee Properties** Occupation **Broker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11Ai-CN4167**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. E. G. Meybohm**

Mailing Address **3519 Wheeler Rd**

City **Augusta** State **GA** Zip Code **30909-6516**

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

Name of Employer **Meybohm Realtors** Occupation **Realtor**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11Ai-CN4198**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Donna Mosing**

Mailing Address **308 Sawgrass Lane**

City **Broussard** State **LA** Zip Code **70518**

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

Name of Employer **None** Occupation **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11Ai-CN4097**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Greg Mosing**

Mailing Address 308 Sawgrass Lane

City Broussard State LA Zip Code 70518

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4098**

Amount of Each Receipt this Period  
**2600**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Logan Nalley Jr**

Mailing Address 2229 Pickens Rd

City Augusta State GA Zip Code 30904

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

Name of Employer Self Occupation Prosthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4149**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. J Stephen Olsen**

Mailing Address 1750 The Exchange 200 SE

City Atlanta State GA Zip Code 30339

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

Name of Employer Power Brands Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4078**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**4100.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**R. Glen Owen**

Mailing Address 3417 Woodstone Place

City Augusta State GA Zip Code 30909

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4142**

Amount of Each Receipt this Period  
 250

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Eleanor Patrick**

Mailing Address 403 Sheffield Cir

City Augusta State GA Zip Code 30909

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **994**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4067**

Amount of Each Receipt this Period  
 50

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Levi A Pollard V**

Mailing Address 3310 Scotts Ferry Rd

City Appling State GA Zip Code 30802

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

Name of Employer Pollard Lumber Co Inc. Occupation Manager/Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4008**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Betty M Powell**

Mailing Address 2 Retreat Rd

City Augusta State GA Zip Code 30909

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2014

**Transaction ID : SA11Ai-CN3992**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. George C Pursley**

Mailing Address 2561 Henry St

City Augusta State GA Zip Code 30904

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4070**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Norman B. Pursley Jr**

Mailing Address 686 Heggies Ridge Drive

City Appling State GA Zip Code 30802

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

Name of Employer Self Occupation Midsouth Int & Ext

Receipt For: 2014  
 Primary  General  
 Other (specify) Primary 2014 Debt

Election Cycle-to-Date **2700**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4079**

Amount of Each Receipt this Period  
**1600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Norman B. Pursley Jr**

Mailing Address 686 Heggies Ridge Drive

City State Zip Code  
Appling GA 30802

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

Name of Employer Occupation  
Self Midsouth Int & Ext

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4101**

Amount of Each Receipt this Period  
**3600**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Rahaim**

Mailing Address 2115 Glenn Fls

City State Zip Code  
Grovetown GA 30813

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**240**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11Ai-CN3954**

Amount of Each Receipt this Period  
**40**

**C.** Full Name (Last, First, Middle Initial)  
**Lida Rajnay**

Mailing Address 313 Bradford Court

City State Zip Code  
Dublin GA 31021

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4125**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**4140.00**

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

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

FOR LINE NUMBER: PAGE 36 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. John E. Riffle**

Mailing Address 594 Firestone Pl

City State Zip Code  
Martinez GA 30907-8955

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

Name of Employer Occupation  
VA Medical Center Augusta Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4141**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Michael B. Rogers**

Mailing Address 3214 Candace Dr

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Self Orthodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4200**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Edna M. Roper**

Mailing Address 419 Baker's Ferry Trail

City State Zip Code  
Martinez GA 30907

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4006**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. James A. Rubright</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 3435 Woodhaven Road		<b>Transaction ID : SA11Ai-CN4168</b>
City State Zip Code Atlanta GA 30305	Amount of Each Receipt this Period 2600	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Privet Fund Management LLC Executive	Amount of Each Receipt this Period 2600
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Deen Day Sanders</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 4725 Peachtree Corners Cir		<b>Transaction ID : SA11Ai-CN4076</b>
City State Zip Code Norcross GA 30092	Amount of Each Receipt this Period 1000	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation None Retired	Amount of Each Receipt this Period 1000
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000	

Full Name (Last, First, Middle Initial) <b>C. Ms. Tracy L. Sayers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 871 Graystone Drive		<b>Transaction ID : SA11Ai-CN4093</b>
City State Zip Code Columbus GA 31904	Amount of Each Receipt this Period 1000	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Pezold Management Executive	Amount of Each Receipt this Period 1000
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4600.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**R. Brooks Scurry**

Mailing Address 2256 Cumming Road

City Augusta State GA Zip Code 30904

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4063**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Mary C. Sharp**

Mailing Address 6 Sedgewater Retreat

City Savannah State GA Zip Code 31411

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2014

**Transaction ID : SA11Ai-CN3930**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**John G. Shuman**

Mailing Address 21406 Highway 23 South

City Reidsville State GA Zip Code 30453

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

Name of Employer Shuman Growers Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4091**

Amount of Each Receipt this Period  
**2500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**3250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Sims**

Mailing Address 10 Retreat Rd

City Augusta State GA Zip Code 30909-1838

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4147**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Harinderjit Singh**

Mailing Address 3699 Inverness Way

City Augusta State GA Zip Code 30907

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4150**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Lamar Smith**

Mailing Address 152 Thunderbird Drive Ste 207

City Richmond Hill State GA Zip Code 31324

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

Name of Employer Lamar Smith Signature Group Occupation Builder/Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA11Ai-CN4052**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2000.00**

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

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

FOR LINE NUMBER: PAGE 40 OF 77  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. R Lee Smith Jr**

Mailing Address 9 Somerset Ct

City Augusta State GA Zip Code 30909-1839

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

Name of Employer The Community Foundation Occupation President and CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 03 / 2014**

**Transaction ID : SA11Ai-CN3956**

Amount of Each Receipt this Period  
**100**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Stanley T Smith Jr**

Mailing Address 63 Conifer Cir

City Augusta State GA Zip Code 30909

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

Name of Employer VA Hospital Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11Ai-CN4088**

Amount of Each Receipt this Period  
**400**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. John Sours**

Mailing Address 2558 Oakwood Trace SE

City Smyrna State GA Zip Code 30080

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

Name of Employer State Of Georgia Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 02 / 2014**

**Transaction ID : SA11Ai-CN3953**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**750.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Matt Sours**

Mailing Address 730 Greenview Avenue

City Atlanta State GA Zip Code 30305

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

Name of Employer Morris Manning & Martin Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA11Ai-CN3985**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Glinn Hiller Spann**

Mailing Address P O Box 628

City Millen State GA Zip Code 30442

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

Name of Employer Self Occupation HS Consulting Inc.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4035**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**David Spencer**

Mailing Address 3547 Lake Dr W

City Augusta State GA Zip Code 30907

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4124**

Amount of Each Receipt this Period  
**100**

**SUBTOTAL** of Receipts This Page (optional).....

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**John Stacy**

Mailing Address 1925 Sage Court

City Columbus State GA Zip Code 31901

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

Name of Employer WSN Associates Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4092**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Jeb Stewart**

Mailing Address PO Box 29529

City Atlanta State GA Zip Code 30359

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

Name of Employer Self Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4127**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen M Stewart**

Mailing Address 235 St Andrews Dr

City Jackson State MS Zip Code 39211

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

Name of Employer FSS Mgmt. LLC Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4020**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2500.00**

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

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

FOR LINE NUMBER: PAGE 43 OF 77  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. J.P. Stubbs**

Mailing Address **PO Box 956**

City **Statesboro** State **GA** Zip Code **30459**

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

Name of Employer **Stubbs Oil** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11Ai-CN4094**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Dr. David R Thomas III**

Mailing Address **1 Summerville Ln**

City **Augusta** State **GA** Zip Code **30909**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 14 / 2014**

**Transaction ID : SA11Ai-CN4075**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Oren Trefz**

Mailing Address **430 Stevens Creek Rd**

City **Augusta** State **GA** Zip Code **30907**

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

Name of Employer **Trefz & Trefz Inc.** Occupation **Food**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : SA11Ai-CN4148**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. James B. Trotter**

Mailing Address 3019 Bransford Road

City Augusta State GA Zip Code 30909

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

Name of Employer Trotter Jones LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4017**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. William Soloman Wade**

Mailing Address 23 Nugget Lane

City Dawsonville State GA Zip Code 30534

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

Name of Employer Alliance National Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11Ai-CN4034**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Kraig M Wangsnes**

Mailing Address 705 Milledge Rd

City Augusta State GA Zip Code 30904

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

Name of Employer Cardiovascular Associates Of Augusta Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 07 / 2014

**Transaction ID : SA11Ai-CN4007**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Katherine C. Weir**

Mailing Address 333 Texas Street Suite 2300

City State Zip Code  
Shreveport LA 71101

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11Ai-CN4181**

Amount of Each Receipt this Period  
**750**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jack K Widener Jr**

Mailing Address 3125 Oxford Rd

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
R W Allen LLC Business Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1750**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11Ai-CN4069**

Amount of Each Receipt this Period  
**200**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Marion A. Wier**

Mailing Address 804 Quail Court

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : SA11Ai-CN3996**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ms. Margaret A Wills**

Mailing Address 2972 Habersham Way NW

City	State	Zip Code
Atlanta	GA	30305

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

Name of Employer	Occupation
Meridian Property Group LTD	Real Estate Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		01		2014

**Transaction ID : SA11Ai-CN3952**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2304 Glendale Rd

City	State	Zip Code
Augusta	GA	30904

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

Name of Employer	Occupation
Viachem	Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**462**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		07		2014

**Transaction ID : SA11Ai-CN4050**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Robert Wills**

Mailing Address 2304 Glendale Rd

City	State	Zip Code
Augusta	GA	30904

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

Name of Employer	Occupation
Viachem	Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**487**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2014

**Transaction ID : SA11Ai-CN4115**

Amount of Each Receipt this Period  
**25**

**SUBTOTAL** of Receipts This Page (optional).....

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 77
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Addison Graves Wilson**

Mailing Address 1700 Sunset Boulevard Ste 1

City West Columbia	State SC	Zip Code 29169
-----------------------	-------------	-------------------

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

Name of Employer U.S. House Of Representative	Occupation U.S. Representative
--	-----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		07		2014

**Transaction ID : SA11Ai-CN4011**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Elizabeth C Wislar**

Mailing Address 1576 Tappahannock Trl

City Marietta	State GA	Zip Code 30062
------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**550**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2014

**Transaction ID : SA11Ai-CN4048**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Kirby T. Yawn**

Mailing Address 721 Montrose Court

City Augusta	State GA	Zip Code 30901
-----------------	-------------	-------------------

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

Name of Employer Allgood Professional Services LLC	Occupation Self
---	--------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		07		2014

**Transaction ID : SA11Ai-CN4021**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**600.00**

**93390.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**21st Century Majority Fund**

Mailing Address 6065 Roswell Road NE #2274

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00361956

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 09 / 2014

**Transaction ID : SA11C-CN4040**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**AGC Political Action Committee**

Mailing Address 2300 Wilson Boulevard  
Suite 300

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : SA11C-CN4096**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Collins For Congress**

Mailing Address PO Box 1295

City Gainesville State GA Zip Code 30503

FEC ID number of contributing federal political committee. **C** C00502039

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11C-CN4109**

Amount of Each Receipt this Period  
2000

**SUBTOTAL** of Receipts This Page (optional).....

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

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A. Eye Of The Tiger PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 2485  
 City Springfield State VA Zip Code 22152  
 FEC ID number of contributing federal political committee. **C** C00467431  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014  
**Transaction ID : SA11C-CN4015**  
 Amount of Each Receipt this Period  
 2500

**B. John Bolton PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address c/o 610 S. Boulevard  
 City Tampa State FL Zip Code 33606  
 FEC ID number of contributing federal political committee. **C** C00542431  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : SA11C-CN4206**  
 Amount of Each Receipt this Period  
 5000

**C. Loudermilk For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 447  
 City Cassville State GA Zip Code 30123  
 FEC ID number of contributing federal political committee. **C** C00543892  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2014  
**Transaction ID : SA11C-CN4000**  
 Amount of Each Receipt this Period  
 2000

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

9500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A. Martha PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1006 Pendleton Street  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00527309  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 09 / 2014  
**Transaction ID : SA11C-CN4037**  
Amount of Each Receipt this Period  
500

**B. More Conservatives PAC McPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 228 S Washington Street Ste 115  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00426882  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 15 / 2014  
**Transaction ID : SA11C-CN4107**  
Amount of Each Receipt this Period  
2000

**C. Mr. Southern Missourian In The House PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30844  
City Bethesda State MD Zip Code 20284  
FEC ID number of contributing federal political committee. **C** C00563726  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 14 / 2014  
**Transaction ID : SA11C-CN4095**  
Amount of Each Receipt this Period  
1000

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Our Country Deserves Better PAC-Tea Party Express**

Mailing Address PO Box 984

City Willows State CA Zip Code 95988

FEC ID number of contributing federal political committee. **C** C00454074

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : SA11C-CN4108**

Amount of Each Receipt this Period  
 2500

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

2500.00

20500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 77
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Richard W Allen**

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

FEC ID number of contributing federal political committee. **C H2GA12121**

Name of Employer RW Allen And Associates Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**77461.51**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 03 / 2014**

**Transaction ID : SA11D-CN4261**

Amount of Each Receipt this Period  
**2500**

RV for Bus Tour

In-Kind Received RV for Bus Tour

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**2500.00**

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 77
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Allen**

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

FEC ID number of contributing federal political committee. **C H2GA12121**

Name of Employer Self Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
105000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2014

**Transaction ID : SA13a-LN1016**

Amount of Each Receipt this Period  
105000

Personal Funds

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Richard Allen**

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

FEC ID number of contributing federal political committee. **C H2GA12121**

Name of Employer Self Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
130000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014

**Transaction ID : SA13a-LN1017**

Amount of Each Receipt this Period  
130000

Personal Funds

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

235000.00

235000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Georgia Bank &amp; Trust</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>PO Box 15387</b>			Amount of Each Disbursement this Period <b>118.65</b>
City <b>Augusta</b>	State <b>GA</b>	Zip Code <b>30919</b>	<b>Transaction ID : SB17-EX3813</b>
Purpose of Disbursement <b>Analysis Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Analysis Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Lauren Swing</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>807 Saint Andrews Drive</b>			Amount of Each Disbursement this Period <b>1791.41</b>
City <b>Augusta</b>	State <b>GA</b>	Zip Code <b>30909</b>	<b>Transaction ID : SB17-EX3827</b>
Purpose of Disbursement <b>Net Salary</b>		Category/ Type <b>001</b>	
Candidate Name			Net Salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Diane Morgan</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>756 Riverbluff Road</b>			Amount of Each Disbursement this Period <b>566.36</b>
City <b>North Augusta</b>	State <b>SC</b>	Zip Code <b>29841</b>	<b>Transaction ID : SB17-EX3822</b>
Purpose of Disbursement <b>Net Salary</b>		Category/ Type <b>001</b>	
Candidate Name			Net Salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2476.42</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Strategy Group</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>2700 Cumberland Pkwy Ste 150</b>			Amount of Each Disbursement this Period <b>5653.31</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30339</b>	<b>Transaction ID : SB17-EX3817</b>
Purpose of Disbursement <b>Fundraising Consulting</b>		Category/ Type <b>001</b>	
Candidate Name			<b>Fundraising Consulting</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>54.63</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3809</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			<b>Credit Card Service Fee</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>92.00</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3810</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			<b>Credit Card Service Fee</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5799.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 7.19	
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3811</b>	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 40.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3831</b>	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 210.75	
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3832</b>	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.19
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 185.45	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17-EX3833	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 226.29	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17-EX3834	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 25.88	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17-EX3837	
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	Credit Card Service Fee	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	437.62
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 95.75
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3838</b>
Purpose of Disbursement Credit Card Service Fee		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Internal Revenue Service</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address IRS Payment Center			Amount of Each Disbursement this Period 5109.74
City Ogden	State UT	Zip Code 84201	Transaction ID : <b>SB17-EX3841</b>
Purpose of Disbursement Tax Payment		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Tax Payment
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thomas Gardner</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2014
Mailing Address 5931 Tubman Rd			Amount of Each Disbursement this Period 126.49
City Appling	State GA	Zip Code 30802	Transaction ID : <b>SB17-EX3829</b>
Purpose of Disbursement Reimbursement: See Below		Category/ Type 001	
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Reimbursement: See Below
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5331.98
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Thomas Gardner</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 5931 Tubman Rd			Amount of Each Disbursement this Period 350.38	
City Appling	State GA	Zip Code 30802	Transaction ID : SB17-EX3821	
Purpose of Disbursement Net Salary		Category/ Type 001	Net Salary	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Public Opinion Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014	
Mailing Address 214 N Fayette St			Amount of Each Disbursement this Period 20000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17-EX3804	
Purpose of Disbursement Poll		Category/ Type 001	Poll	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. William Wheat</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address PO Box 944			Amount of Each Disbursement this Period 1148.33	
City Langley	State SC	Zip Code 29834	Transaction ID : SB17-EX3828	
Purpose of Disbursement Net Salary		Category/ Type 001	Net Salary	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	21498.71
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>PO Box 7431</b>		Amount of Each Disbursement this Period <b>10803.34</b>
City <b>Columbia</b>	State <b>SC</b>	Zip Code <b>29202</b>
Purpose of Disbursement <b>Website-October 2014 &amp; Email Marketing</b>	<b>001</b>	<b>Transaction ID : SB17-EX3802</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>Website-October 2014 &amp; Email Marketing</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DigitalXpress Printing</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 01 / 2014</b>
Mailing Address <b>2211 Beaver Ruin Road Ste 170</b>		Amount of Each Disbursement this Period <b>2033.62</b>
City <b>Norcross</b>	State <b>GA</b>	Zip Code <b>30071</b>
Purpose of Disbursement <b>Invitation Printing</b>	<b>001</b>	<b>Transaction ID : SB17-EX3806</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>Invitation Printing</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Right Path Strategic Affairs</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>
Mailing Address <b>3960 Rolling Hills Drive</b>		Amount of Each Disbursement this Period <b>10000.00</b>
City <b>Cumming</b>	State <b>GA</b>	Zip Code <b>30041</b>
Purpose of Disbursement <b>Campaign consulting</b>	<b>001</b>	<b>Transaction ID : SB17-EX3815</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>Campaign consulting</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>22836.96</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rally.org</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 02 / 2014</b>	
Mailing Address <b>144 2nd St. First Floor</b>			Amount of Each Disbursement this Period <b>12.91</b>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	Transaction ID : <b>SB17-EX3812</b>	
Purpose of Disbursement Transaction Fee		Category/ Type <b>001</b>		
Candidate Name			Transaction Fee	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Tactical Communications Solutions</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>	
Mailing Address <b>428 Collier Road NW</b>			Amount of Each Disbursement this Period <b>4000.00</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30309</b>	Transaction ID : <b>SB17-EX3816</b>	
Purpose of Disbursement Communications Consulting Fee		Category/ Type <b>001</b>		
Candidate Name			Communications Consulting Fee	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Capitol Response</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 06 / 2014</b>	
Mailing Address <b>2700 Cumberland Parkway Suite 15</b>			Amount of Each Disbursement this Period <b>1750.00</b>	
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30339</b>	Transaction ID : <b>SB17-EX3818</b>	
Purpose of Disbursement FEC Compliance Consulting		Category/ Type <b>001</b>		
Candidate Name			FEC Compliance Consulting	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5762.91</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Richard &amp; Delores Des Reis</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 748 Jones Creek		Amount of Each Disbursement this Period 1700.00
City Augusta	State GA	Zip Code 30907
Purpose of Disbursement Campaign Office Rent - October	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3803	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Campaign Office Rent - October
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Georgia Power Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 96 Annex		Amount of Each Disbursement this Period 339.80
City Atlanta	State GA	Zip Code 30396
Purpose of Disbursement Office Utilities	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3805	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Office Utilities
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Samuel C. Shepherd</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1353 Story Mill Road		Amount of Each Disbursement this Period 791.58
City Waynesboro	State GA	Zip Code 30830
Purpose of Disbursement Net Salary	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3826	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2831.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Christine Rhodes</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014	
Mailing Address 3103 Natalie Circle			Amount of Each Disbursement this Period 702.40	
City Augusta	State GA	Zip Code 30909	Transaction ID : SB17-EX3823	
Purpose of Disbursement Net Salary		Category/ Type 001		
Candidate Name		Net Salary		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Strategic Media Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014	
Mailing Address 1911 North Ft. Myer Drive Suite 400			Amount of Each Disbursement this Period 102915.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SB17-EX3814	
Purpose of Disbursement Media		Category/ Type 001		
Candidate Name		Media		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014	
Mailing Address 1911 North Ft. Myer Drive Suite 400			Amount of Each Disbursement this Period 177351.50	
City Arlington	State VA	Zip Code 22209	Transaction ID : SB17-EX3830	
Purpose of Disbursement Media		Category/ Type 001		
Candidate Name		Media		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	280968.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 77			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anderson Ferguson</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address 2004 Talons Lake Drive			Amount of Each Disbursement this Period <b>403.39</b>
City Statesboro	State GA	Zip Code 30458	<b>Transaction ID : SB17-EX3820</b>
Purpose of Disbursement Net Salary		Category/ Type <b>001</b>	
Candidate Name			Net Salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Robert M. Saparow</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address 480 Gramercy Drive			Amount of Each Disbursement this Period <b>1519.06</b>
City Marietta	State GA	Zip Code 30068	<b>Transaction ID : SB17-EX3825</b>
Purpose of Disbursement Net Salary		Category/ Type <b>001</b>	
Candidate Name			Net Salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Madeline Rogers</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address 404 Bloedel Reserve Way			Amount of Each Disbursement this Period <b>428.00</b>
City Augusta	State GA	Zip Code 30907	<b>Transaction ID : SB17-EX3824</b>
Purpose of Disbursement Net Salary		Category/ Type <b>001</b>	
Candidate Name			Net Salary
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2350.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 77	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. SCM Associates Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address PO Box 254		Amount of Each Disbursement this Period 8988.10
City Dublin	State NH	Zip Code 03444
Purpose of Disbursement Direct Mail	Category/ Type 001	<b>Transaction ID : SB17-EX3819</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014
State:	District:	Direct Mail

Full Name (Last, First, Middle Initial) <b>B. Richard W Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 2237 Pickens Rd		Amount of Each Disbursement this Period 2500.00
City Augusta	State GA	Zip Code 30904
Purpose of Disbursement IN-KIND RECEIVED RV for Bus Tour	Category/ Type	<b>Transaction ID : SB17-CN4261</b>
Candidate Name Richard W Allen	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014
State: GA	District: 12	In-Kind Received RV for Bus Tour

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11488.10
<b>TOTAL</b> This Period (last page this line number only).....	362041.56

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 77	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Rick W. Allen for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. Norman B. Pursley Jr</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 15 / 2014</b>
Mailing Address <b>686 Heggies Ridge Drive</b>		Amount of Each Disbursement this Period <b>1100.00</b>
City <b>Appling</b> State <b>GA</b> Zip Code <b>30802</b>	Purpose of Disbursement <b>Contribution Ref to Individual</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB20a-CR2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	
State: District:	Refund of Contribution	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1100.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
50000 .00 50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10

11

2011

01

08

2012

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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 50000.00

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN2

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
30000 .00 30000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 12 / D 31 / Y 2011 M 01 / D 08 / Y 2013 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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 30000.00  
**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN3

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
20000 .00 20000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

30

2012

01

08

2013

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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 20000.00

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN5

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
150000 .00 150000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07 / 11 / 2012

01 / 01 / 2013

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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 150000.00

**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 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Rick W. Allen for Congress** Transaction ID : **SC10-LN7**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**Richard Allen**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan 250000	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 250000.00
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**TERMS**

Date Incurred: M 08 / D 02 / Y 2012  
 Date Due: M 01 / D 01 / Y 2013  
 Interest Rate: 0.00 % (apr)  
 Secured:  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
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 250000.00

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN13

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
80000 30000.00 50000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 31 / Y 2014 M 01 / D 01 / Y 2015 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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 50000.00

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1013

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
200000 .00 200000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M /

D 24 D /

Y 2014 Y

M 01 M /

D 01 D /

Y 2015 Y

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
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 200000.00

**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 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Rick W. Allen for Congress** Transaction ID : **SC10-LN1014**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014  
**Richard Allen**  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000	.00	75000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 22 / Y 2014 Y	M 01 / D 01 / Y 2015 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> This Period (last page in this line only).....	<input type="text"/>

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1015

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
175000 .00 175000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

27

2014

01

01

2015

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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 175000.00

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1016

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
105000 .00 105000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10 / 02 / 2014

01 / 01 / 2015

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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 105000.00

**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 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1017

Rick W. Allen for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
130000 .00 130000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10 / 10 / 2014

01 / 01 / 2015

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
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... 130000.00  
**TOTALS** This Period (last page in this line only)..... 1235000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.