



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**BLACK REPUBLICAN PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="12945.93"/>	<input type="text" value="12945.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2064.26"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="126472.25"/>	<input type="text" value="206936.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="128536.51"/>	<input type="text" value="219882.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="105552.55"/>	<input type="text" value="196898.05"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22983.96"/>	<input type="text" value="22983.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="174805.90"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

BLACK REPUBLICAN PAC

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23852.00	35599.00
(ii) Unitemized .....	99558.25	168275.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	123410.25	203874.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	123410.25	203874.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	3062.00	3062.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	126472.25	206936.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	126472.25	206936.08

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	105552.55	191898.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	105552.55	191898.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	105552.55	196898.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105552.55	196898.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	123410.25	203874.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	123410.25	203874.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	105552.55	191898.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	3062.00	3062.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	102490.55	188836.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. REV EDWARD ALLRED 273**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4658 CREEKVIEW RD  
 City State Zip Code  
 MC LEANSVILLE NC 27301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BETHEL PRESBYTERIAN CHURCH MINISTER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : SA11AI.7927**  
 Amount of Each Receipt this Period  
 200.00

**B. MRS DOROTHY W BAINES 372**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4137 W HAMILTON CT  
 City State Zip Code  
 NASHVILLE TN 37218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : SA11AI.8037**  
 Amount of Each Receipt this Period  
 50.00

**C. MRS DOROTHY W BAINES 372**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4137 W HAMILTON CT  
 City State Zip Code  
 NASHVILLE TN 37218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : SA11AI.8039**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR CECIL BARNETT 402**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 INDIAN HILLS TRL  
 City LOUISVILLE State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALGOOD FOOD CO Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014  
**Transaction ID : SA11AI.8077**  
 Amount of Each Receipt this Period  
 250.00

**B. MR CECIL BARNETT 402**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 126 INDIAN HILLS TRL  
 City LOUISVILLE State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALGOOD FOOD CO Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.8076**  
 Amount of Each Receipt this Period  
 100.00

**C. MR CLIFFORD E BASSHAM 755**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1811 COUNTY ROAD 4008  
 City NEW BOSTON State TX Zip Code 75570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USPS Occupation ELECTRONIC TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11AI.8092**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS HELEN BEAVER 140</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2014 <b>Transaction ID : SA11AI.8109</b>		
Mailing Address 1737 SENECA RD			Amount of Each Receipt this Period 150.00		
City LAWTONS	State NY	Zip Code 14091			
FEC ID number of contributing federal political committee. C					
Name of Employer NONE		Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM A BERNDT 329</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2014 <b>Transaction ID : SA11AI.8164</b>		
Mailing Address 1219 CHEYENNE DR			Amount of Each Receipt this Period 45.00		
City INDIAN HARBOUR BEA	State FL	Zip Code 32937			
FEC ID number of contributing federal political committee. C					
Name of Employer SELF EMPLOYED		Occupation REAL ESTATE INVESTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00			

Full Name (Last, First, Middle Initial) <b>C. MR WILLIAM A BERNDT 329</b>			Date of Receipt M M / D D / Y Y Y Y Y 05 / 27 / 2014 <b>Transaction ID : SA11AI.8166</b>		
Mailing Address 1219 CHEYENNE DR			Amount of Each Receipt this Period 36.00		
City INDIAN HARBOUR BEA	State FL	Zip Code 32937			
FEC ID number of contributing federal political committee. C					
Name of Employer SELF EMPLOYED		Occupation REAL ESTATE INVESTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 241.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. DR DAVID BERRY 917 MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 W TENNYSON ST  
 City UPLAND State CA Zip Code 91784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.8172**  
 Amount of Each Receipt this Period  
 150.00

**B. MR CHARLES C BLACKWELL 855 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2149  
 City CLAYPOOL State AZ Zip Code 85532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2014  
**Transaction ID : SA11AI.8215**  
 Amount of Each Receipt this Period  
 400.00

**C. MR CHARLES C BLACKWELL 855 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2149  
 City CLAYPOOL State AZ Zip Code 85532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : SA11AI.8214**  
 Amount of Each Receipt this Period  
 275.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. JOHN W BOERSTLER 804**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 792  
 City BRECKENRIDGE State CO Zip Code 80424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11AI.8247**  
 Amount of Each Receipt this Period  
 150.00

**B. MR JOHN L BRANDT 557**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2129 12TH AVE E  
 City HIBBING State MN Zip Code 55746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA11AI.8327**  
 Amount of Each Receipt this Period  
 100.00

**C. MS ELIZABETH BRYDEN 100**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 W 67TH ST APT 611  
 City NEW YORK State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : SA11AI.8402**  
 Amount of Each Receipt this Period  
 155.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 405.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MR JAMES P BYRNES 145</b>		Date of Receipt MM / DD / YYYY 06 / 12 / 2014
Mailing Address 1940 COLE RD		<b>Transaction ID : SA11AI.8495</b>
City NUNDA	State NY	Zip Code 14517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 195.00
Name of Employer NUNDA FAMILY PHARMACY	Occupation PHARMACIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	

Full Name (Last, First, Middle Initial) <b>B. MS DORTHEA CALLAWAY 598</b>		Date of Receipt MM / DD / YYYY 06 / 16 / 2014
Mailing Address 1111 ANGLERS BEND WAY		<b>Transaction ID : SA11AI.8517</b>
City MISSOULA	State MT	Zip Code 59802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

Full Name (Last, First, Middle Initial) <b>C. MRS ANNE CARPENTER 530</b>		Date of Receipt MM / DD / YYYY 06 / 18 / 2014
Mailing Address 12494 N ROYAL LN		<b>Transaction ID : SA11AI.8550</b>
City THIENSVILLE	State WI	Zip Code 53092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	595.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR JAMES F CAUSLEY 341 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3333 GULFSHORE BLVD N #10  
 City NAPLES State FL Zip Code 34103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2014  
**Transaction ID : SA11AI.8583**  
 Amount of Each Receipt this Period 500.00

**B. CAROL CHAUSSEE 980**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7524 118TH AVE NE  
 City KIRKLAND State WA Zip Code 98033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2014  
**Transaction ID : SA11AI.8611**  
 Amount of Each Receipt this Period 250.00

**C. MR RALPH N CHILDS 606**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5757 W WARWICK AVE  
 City CHICAGO State IL Zip Code 60634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 27 / 2014  
**Transaction ID : SA11AI.8621**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 790.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. HARROLL CLEMMER 769**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5812 PECAN VALLEY LN  
 City SAN ANGELO State TX Zip Code 76904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.8649**  
 Amount of Each Receipt this Period  
 100.00

**B. MRS ELEANOR COBB 900**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S VISTA ST  
 City LOS ANGELES State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : SA11AI.8670**  
 Amount of Each Receipt this Period  
 300.00

**C. MRS ELEANOR COBB 900**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S VISTA ST  
 City LOS ANGELES State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11AI.8669**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS ELEANOR COBB 900</b>		Date of Receipt
Mailing Address 131 S VISTA ST		M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2014
City	State	Zip Code
LOS ANGELES	CA	90036
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.8671</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		300.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1100.00	

Full Name (Last, First, Middle Initial) <b>B. MS MARY K COLWELL 453</b>		Date of Receipt
Mailing Address 140 MARICOPA CIR		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014
City	State	Zip Code
ENON	OH	45323
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.8707</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		120.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	290.00	

Full Name (Last, First, Middle Initial) <b>C. MS MARY K COLWELL 453</b>		Date of Receipt
Mailing Address 140 MARICOPA CIR		M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2014
City	State	Zip Code
ENON	OH	45323
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.8709</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		120.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	410.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MS MARY K COLWELL 453**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 MARICOPA CIR  
 City ENON State OH Zip Code 45323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.8708**  
 Amount of Each Receipt this Period  
 110.00

**B. MRS LINDA A CONWAY 024**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 PAYSON RD  
 City BELMONT State MA Zip Code 02478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LPL FINANCIAL Occupation REGISTERED AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.8725**  
 Amount of Each Receipt this Period  
 200.00

**C. MR DAVID R COOK 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7725 N FOOTHILL DR S  
 City PARADISE VALLEY State AZ Zip Code 85253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11AI.8738**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. REV BARTON CRAIG 190</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2014 <b>Transaction ID : SA11AI.8805</b>
Mailing Address 3240 ADAMS CT			Amount of Each Receipt this Period 100.00
City BENSALEM	State PA	Zip Code 19020	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer SELF EMPLOYED		Occupation CLERGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. REV BARTON CRAIG 190</b>			Date of Receipt MM / DD / YYYY 06 / 12 / 2014 <b>Transaction ID : SA11AI.8804</b>
Mailing Address 3240 ADAMS CT			Amount of Each Receipt this Period 170.00
City BENSALEM	State PA	Zip Code 19020	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 420.00
Name of Employer SELF EMPLOYED		Occupation CLERGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ROBERT CROSSMAN 339</b>			Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : SA11AI.8825</b>
Mailing Address 8201 ARBOR CT			Amount of Each Receipt this Period 300.00
City FORT MYERS	State FL	Zip Code 33908	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer NONE		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	570.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. M DALBEY 982**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 158  
 City ANACORTES State WA Zip Code 98221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 05 / 05 / 2014  
**Transaction ID : SA11AI.8870**  
 Amount of Each Receipt this Period  
 200.00

**B. JANE W PELHAM DOYLE 301**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3172 HORSLEY MILL RD  
 City CARROLLTON State GA Zip Code 30116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AT&T Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 05 / 22 / 2014  
**Transaction ID : SA11AI.9079**  
 Amount of Each Receipt this Period  
 630.00

**C. MR WILLIAM R DUNBAR 794**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 76TH ST  
 City LUBBOCK State TX Zip Code 79423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 06 / 23 / 2014  
**Transaction ID : SA11AI.9098**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 905.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MRS WILMA EDWARDS 920**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2948  
 City DEL MAR State CA Zip Code 92014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2014  
**Transaction ID : SA11AI.9156**  
 Amount of Each Receipt this Period  
 200.00

**B. MRS WILMA EDWARDS 920**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2948  
 City DEL MAR State CA Zip Code 92014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA11AI.9155**  
 Amount of Each Receipt this Period  
 300.00

**C. MR EUGENE H FARRELL 920**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1597 CALLE ALTA  
 City LA JOLLA State CA Zip Code 92037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2014  
**Transaction ID : SA11AI.9253**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 19 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. THOMAS FISKE 554**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8048 SUNKIST BLVD  
 City State Zip Code  
 MINNEAPOLIS MN 55444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.9303**  
 Amount of Each Receipt this Period  
 100.00

**B. MR CHARLES FOX 926**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19031 SPICEWOOD LN  
 City State Zip Code  
 HUNTINGTON BEACH CA 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XEROX RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.9338**  
 Amount of Each Receipt this Period  
 100.00

**C. MR WARREN GILBERT 752**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 KINGSGATE CT  
 City State Zip Code  
 DALLAS TX 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 593.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11AI.9475**  
 Amount of Each Receipt this Period  
 356.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 556.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MS LISE M GOGA 967</b>		Date of Receipt
Mailing Address 95-1089 PAEMOKU PL		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
MILILANI	HI	96789
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9509</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) <b>B. MR CHARLES GORDER 921 SR</b>		Date of Receipt
Mailing Address 5526 TOYON RD		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN DIEGO	CA	92115
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9527</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. MS GAYLE GULL 940</b>		Date of Receipt
Mailing Address 3665 ALTAMONT WAY		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
REDWOOD CITY	CA	94062
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.9601</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS BETTY L HADDON 596</b>		Date of Receipt
Mailing Address 1580 OHIO AVE		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
HELENA	MT	59601
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9616</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS MARJORIE HAILEY 668</b>		Date of Receipt
Mailing Address 720 S NEOSHO ST		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
COUNCIL GROVE	KS	66846
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9631</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CARLTON HALL 766</b>		Date of Receipt
Mailing Address 229 IVY LN		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Zip Code
HEWITT	TX	76643
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.9645</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="225.00"/>
Name of Employer	Occupation	
DEPT OF VETERANS AFFAIRS	CHAPLAIN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR KERN HAMILTON 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 BLOSSOM HILL RD UNIT E324  
 City LOS GATOS State CA Zip Code 95032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2014  
**Transaction ID : SA11AI.9659**  
 Amount of Each Receipt this Period  
 250.00

**B. MR KERN HAMILTON 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 BLOSSOM HILL RD UNIT E324  
 City LOS GATOS State CA Zip Code 95032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 826.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : SA11AI.9660**  
 Amount of Each Receipt this Period  
 376.00

**C. MR EDWARD H HAMM 334**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 243 S BEACH RD  
 City HOBE SOUND State FL Zip Code 33455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACOMA OIL CO Occupation MANAGING PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2014  
**Transaction ID : SA11AI.9663**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	826.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR EDWARD H HAMM 334**

Full Name (Last, First, Middle Initial)  
Mailing Address 243 S BEACH RD

City HOBE SOUND State FL Zip Code 33455

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

Name of Employer ACOMA OIL CO Occupation MANAGING PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.9664**

Amount of Each Receipt this Period  
 600.00

**B. MS BOBBYE HARRIS 307**

Full Name (Last, First, Middle Initial)  
Mailing Address 135 WINDSOR DR

City CALHOUN State GA Zip Code 30701

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : SA11AI.9715**

Amount of Each Receipt this Period  
 100.00

**C. MR WILLIAM B HARVEY 366**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 290

City MOBILE State AL Zip Code 36601

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : SA11AI.9735**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. ADM THOMAS HAYWARD 981**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 SPRING ST APT 901  
 City SEATTLE State WA Zip Code 98104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : SA11AI.9756**  
 Amount of Each Receipt this Period  
 200.00

**B. MS ELLA M HELM 300**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DR SE  
 City MARIETTA State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2014  
**Transaction ID : SA11AI.9777**  
 Amount of Each Receipt this Period  
 75.00

**C. MS ELLA M HELM 300**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DR SE  
 City MARIETTA State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2014  
**Transaction ID : SA11AI.9778**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR ARTHUR HILSINGER 020**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 JACKSON POND RD  
 City DEDHAM State MA Zip Code 02026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA11AI.9839**  
 Amount of Each Receipt this Period  
 250.00

**B. MR STEPHEN JAFFE 222**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 28TH ST S  
 City ARLINGTON State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : SA11AI.10012**  
 Amount of Each Receipt this Period  
 150.00

**C. MS ZAY A JIMESON 671**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8625 41ST RD  
 City UDALL State KS Zip Code 67146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.10034**  
 Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 74  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MR LEONARD M KIRK 210</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2014 <b>Transaction ID : SA11Al.10180</b>
Mailing Address 6 HUNTER DR		Amount of Each Receipt this Period 375.00
City BEL AIR	State MD	Zip Code 21014
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD M KIRK 210</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014 <b>Transaction ID : SA11Al.10181</b>
Mailing Address 6 HUNTER DR		Amount of Each Receipt this Period 555.00
City BEL AIR	State MD	Zip Code 21014
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1505.00	

Full Name (Last, First, Middle Initial) <b>C. MS MARY G KOEHL 774</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014 <b>Transaction ID : SA11Al.10231</b>
Mailing Address 1307 MANOR LAKE CT		Amount of Each Receipt this Period 60.00
City RICHMOND	State TX	Zip Code 77406
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	990.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MS MARY G KOEHL 774</b>		Date of Receipt
Mailing Address 1307 MANOR LAKE CT		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>
City	State	Zip Code
RICHMOND	TX	77406
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.10229</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOMEMAKER	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="295.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR JAMES E LAIN 926</b>		Date of Receipt
Mailing Address PO BOX 1939		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
HUNTINGTON BEACH	CA	92647
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.10320</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR PETER LAWSON-JOHNSTON 334</b>		Date of Receipt
Mailing Address 134 S BEACH RD		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
HOBE SOUND	FL	33455
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.10374</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
COUGSENHEIM BROTHERS	PARTNER	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MS MARIE J LETT 760**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3940 LETT LN  
 City BURLESON State TX Zip Code 76028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LETT ARABIAN RANCH Occupation RANCHER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11AI.10421**  
 Amount of Each Receipt this Period  
 200.00

**B. MR HOWARD H LEWIS 193**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 S DEVON AVE  
 City DEVON State PA Zip Code 19333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.10434**  
 Amount of Each Receipt this Period  
 500.00

**C. LORRAINE LOVELACE 951**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4974 RIO VERDE DR  
 City SAN JOSE State CA Zip Code 95118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOCIAL SERVICES Occupation PROVIDER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.10509**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS PAMELA J MACLEAN 483</b>		Date of Receipt
Mailing Address 8617 PALOMINO DR		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.10545</b>
COMMERCE TOWNSHIP	MI	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: NONE		<input type="text" value="75.00"/>
Occupation: RETIRED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DR WILLIAM MALE 465</b>		Date of Receipt
Mailing Address 337 GRACE VILLAGE DR APT 507		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.10563</b>
WINONA LAKE	IN	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: NONE		<input type="text" value="100.00"/>
Occupation: RETIRED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MRS HELEN MARSHALL 226</b>		Date of Receipt
Mailing Address 827 SUSAN AVE		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.10601</b>
WOODSTOCK	VA	
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer: NONE		<input type="text" value="50.00"/>
Occupation: RETIRED		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 30 OF 74  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MRS HELEN MARSHALL 226**  
Full Name (Last, First, Middle Initial)  
Mailing Address 827 SUSAN AVE

City WOODSTOCK	State VA	Zip Code 22664
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11AI.10600**

Amount of Each Receipt this Period  
50.00

**B. MR RICHARD MARX 125**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 440

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation INSURANCE AGENT
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.10624**

Amount of Each Receipt this Period  
101.00

**C. MR RICHARD MARX 125**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 440

City WAPPINGERS FALLS	State NY	Zip Code 12590
--------------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation INSURANCE AGENT
-----------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
453.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : SA11AI.10623**

Amount of Each Receipt this Period  
152.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	303.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR DANIEL S MONACO 151**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 533 ALLEGHENY AVE  
 City OAKMONT State PA Zip Code 15139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation RESTORATION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.10897**  
 Amount of Each Receipt this Period  
 115.00

**B. WILLIAM S MULLINS 394**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 TWIN OAKS PL  
 City LAUREL State MS Zip Code 39440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LAWYER Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.10964**  
 Amount of Each Receipt this Period  
 100.00

**C. MRS ELAINE T MURHAMMER 701**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4112 JEFFERSON HWY APT 320  
 City JEFFERSON State LA Zip Code 70121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2014  
**Transaction ID : SA11AI.10972**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR CLAIR J MURPHY 551**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 RUTH ST N  
 City SAINT PAUL State MN Zip Code 55119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2014  
**Transaction ID : SA11AI.10974**  
 Amount of Each Receipt this Period  
 50.00

**B. COL JOHN E MURRAY 782**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 RHINELAND #218  
 City SAN ANTONIO State TX Zip Code 78239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US MILITARY Occupation OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11AI.10986**  
 Amount of Each Receipt this Period  
 50.00

**C. COL JOHN E MURRAY 782**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10000 RHINELAND #218  
 City SAN ANTONIO State TX Zip Code 78239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer US MILITARY Occupation OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.10984**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MRS JANE W NEWTON 973</b>		Date of Receipt
Mailing Address 31409 PETERSON RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11Al.11033</b>
PHILOMATH	OR	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="100.00"/>
	97370	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS FLORENCE D NORTHWAY 802</b>		Date of Receipt
Mailing Address 11805 LINDA VISTA DRIVE		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11Al.11057</b>
DENVER	CO	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="200.00"/>
	80215	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR SHAUN F O'MALLEY 191</b>		Date of Receipt
Mailing Address 8000 SEMINOLE ST		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11Al.11098</b>
PHILADELPHIA	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="125.00"/>
	19118	
Name of Employer	Occupation	
RETIRED	ACCOUNTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 34 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MRS JUDITH PALMER 329**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2731 OCEAN DR  
 City VERO BEACH State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11AI.11150**  
 Amount of Each Receipt this Period  
 53.00

**B. MRS JUDITH PALMER 329**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2731 OCEAN DR  
 City VERO BEACH State FL Zip Code 32963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 23 / 2014  
**Transaction ID : SA11AI.11152**  
 Amount of Each Receipt this Period  
 50.00

**C. MR JAMES PANKONIEN 537**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 GOLD DR  
 City FITCHBURG State WI Zip Code 53711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 19 / 2014  
**Transaction ID : SA11AI.11163**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 303.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MR PAUL PEELER 784 CPA</b>			Date of Receipt
Mailing Address 11649 LEOPARD ST STE 3			<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.11225</b>
CRP CHRISTI	TX	78410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	ACCOUNTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR PAUL PEELER 784 CPA</b>			Date of Receipt
Mailing Address 11649 LEOPARD ST STE 3			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.11226</b>
CRP CHRISTI	TX	78410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	ACCOUNTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR O L PITTS 761</b>			Date of Receipt
Mailing Address PO BOX 122267			<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.11260</b>
FORT WORTH	TX	76121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	MANAGEMENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MR DONALD S POWERS 463</b>		Date of Receipt
Mailing Address 1501 MUIRFIELD DR		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City DYER	State IN	Zip Code 46311
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.11306</b>
Name of Employer SELF EMPLOYED		Amount of Each Receipt this Period
Occupation INSURANCE AGENT/REAL ESTA		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MR JOHN T PRATT 349</b>		Date of Receipt
Mailing Address 1479 SW SHORELINE DR		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City PALM CITY	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.11312</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MR JOHN T PRATT 349</b>		Date of Receipt
Mailing Address 1479 SW SHORELINE DR		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City PALM CITY	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.11313</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 37 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)  
**A. DR V BIRCH RAMBO 294 MD**

Mailing Address 201 W 9TH NORTH ST UNIT 157

City State Zip Code  
SUMMERVILLE SC 29483

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
301.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 05 / 22 / 2014  
**Transaction ID : SA11AI.11371**

Amount of Each Receipt this Period  
101.00

Full Name (Last, First, Middle Initial)  
**B. MR MICHAEL S REAVEY 760**

Mailing Address 12301 W ROCKY CREEK RD

City State Zip Code  
CROWLEY TX 76036

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.11401**

Amount of Each Receipt this Period  
101.00

Full Name (Last, First, Middle Initial)  
**C. MS THERESE RICHMAN 454**

Mailing Address 2831 DOUBLE EAGLE DR

City State Zip Code  
DAYTON OH 45431

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

Name of Employer Occupation  
IRONGATE REALTORS REALTOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.11440**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 302.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR WILLIAM RONEY 349**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 SW SHORELINE DR APT 107

City PALM CITY	State FL	Zip Code 34990
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : SA11AI.11537**

Amount of Each Receipt this Period  
 100.00

**B. MRS MARIE-LUISE SCHUBERT KALSI 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13307 CAROUSEL CT

City HOUSTON	State TX	Zip Code 77041
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11AI.11719**

Amount of Each Receipt this Period  
 100.00

**C. MRS MARIE-LUISE SCHUBERT KALSI 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13307 CAROUSEL CT

City HOUSTON	State TX	Zip Code 77041
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA11AI.11720**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR RALPH H SCHWARZKOPF 287**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 BALDWIN RD  
 City ARDEN State NC Zip Code 28704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R SANFORD WEBB Occupation SENIOR VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2014  
**Transaction ID : SA11AI.11736**  
 Amount of Each Receipt this Period  
 50.00

**B. DR BARBARA P SCIDMORE 537**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5013 DORSETT DR  
 City MADISON State WI Zip Code 53711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : SA11AI.11744**  
 Amount of Each Receipt this Period  
 150.00

**C. MR MICHAEL J SHIELDS 467**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10185 E 500 S  
 City WOLCOTTVILLE State IN Zip Code 46795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.11818**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR JOHN SHILLINGBURG 223**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 FILLMORE AVE APT 603

City ALEXANDRIA	State VA	Zip Code 22311
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014  
**Transaction ID : SA11AI.11821**

Amount of Each Receipt this Period  
 50.00

**B. MR DEAN SIDBURY 273**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1436 TALBOT RD

City PLEASANT GARDEN	State NC	Zip Code 27313
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2014  
**Transaction ID : SA11AI.11847**

Amount of Each Receipt this Period  
 300.00

**C. MR JOHN J SIEFFERT 480 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 RANDALL DR

City TROY	State MI	Zip Code 48085
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014  
**Transaction ID : SA11AI.11849**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. MR JOHN J SIEFFERT 480 JR</b>			Date of Receipt
Mailing Address 740 RANDALL DR			M M M / D D D / Y Y Y Y Y Y 06 / 02 / 2014
City	State	Zip Code	<b>Transaction ID : SA11AI.11850</b>
TROY	MI	48085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	600.00		

Full Name (Last, First, Middle Initial) <b>B. MR CHARLES SMITH 330</b>			Date of Receipt
Mailing Address 13 N PELICAN DR			M M M / D D D / Y Y Y Y Y Y 05 / 07 / 2014
City	State	Zip Code	<b>Transaction ID : SA11AI.11897</b>
KEY LARGO	FL	33037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		35.00
Name of Employer	Occupation		
SELF EMPLOYED	ENTREPRENEUR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	210.00		

Full Name (Last, First, Middle Initial) <b>C. MR CHARLES SMITH 330</b>			Date of Receipt
Mailing Address 13 N PELICAN DR			M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2014
City	State	Zip Code	<b>Transaction ID : SA11AI.11898</b>
KEY LARGO	FL	33037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer	Occupation		
SELF EMPLOYED	ENTREPRENEUR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	235.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR CHARLES SMITH 330**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13 N PELICAN DR  
 City KEY LARGO State FL Zip Code 33037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ENTREPRENEUR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.11899**  
 Amount of Each Receipt this Period  
 25.00

**B. MR DAVID SMITH 454**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2512 FAIRMONT AVE  
 City DAYTON State OH Zip Code 45419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.11908**  
 Amount of Each Receipt this Period  
 200.00

**C. MR WILLIAM B SNYDER 337**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 5TH AVE NE PH 2  
 City SAINT PETERSBURG State FL Zip Code 33701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.11954**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR JACK STEPHENSON 032**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 BRIARCLIFF RD  
 City State Zip Code  
 GILFORD NH 03249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WARMLITE OF GILFORD FOUNDER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.12031**  
 Amount of Each Receipt this Period  
 600.00

**B. MRS KETURAH THUNDER-HAAB 481**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 PINE BRAE ST  
 City State Zip Code  
 ANN ARBOR MI 48105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2014  
**Transaction ID : SA11AI.12186**  
 Amount of Each Receipt this Period  
 150.00

**C. MRS KETURAH THUNDER-HAAB 481**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 PINE BRAE ST  
 City State Zip Code  
 ANN ARBOR MI 48105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2014  
**Transaction ID : SA11AI.12187**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 44 OF 74  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MRS KETURAH THUNDER-HAAB 481**  
Full Name (Last, First, Middle Initial)  
Mailing Address 436 PINE BRAE ST  
City ANN ARBOR State MI Zip Code 48105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2014  
**Transaction ID : SA11AI.12185**  
Amount of Each Receipt this Period  
150.00

**B. MRS KETURAH THUNDER-HAAB 481**  
Full Name (Last, First, Middle Initial)  
Mailing Address 436 PINE BRAE ST  
City ANN ARBOR State MI Zip Code 48105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2014  
**Transaction ID : SA11AI.12184**  
Amount of Each Receipt this Period  
150.00

**C. TED T TRAGER 956**  
Full Name (Last, First, Middle Initial)  
Mailing Address 668 RUSTIC RANCH LN  
City LINCOLN State CA Zip Code 95648  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014  
**Transaction ID : SA11AI.12238**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR ROBERT S TROTH 341**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3003 GULF SHORE BLVD N APT 301  
 City State Zip Code  
 NAPLES FL 34103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2014  
**Transaction ID : SA11AI.12254**  
 Amount of Each Receipt this Period  
 250.00

**B. MR MIKE TYRHOLM 976**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3703 COLLIER LN  
 City State Zip Code  
 KLAMATH FALLS OR 97603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.12283**  
 Amount of Each Receipt this Period  
 300.00

**C. W HUNTER VAUGHAN 439**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2396 ALEXANDER MNR W  
 City State Zip Code  
 STEUBENVILLE OH 43952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED RADIOLOGIST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.12318**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 74  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A. MR RICHARD VOELL 068**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 PILOT ROCK LN  
 City RIVERSIDE State CT Zip Code 06878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014  
**Transaction ID : SA11AI.12344**  
 Amount of Each Receipt this Period  
 300.00

**B. DR WALTER WILD 967 PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-473 KALANIANAOLE HWY  
 City WAIMANALO State HI Zip Code 96795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.12509**  
 Amount of Each Receipt this Period  
 100.00

**C. BEVERLY WILSON 194**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 448 PETERS WAY  
 City PHOENIXVILLE State PA Zip Code 19460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014  
**Transaction ID : SA11AI.12550**  
 Amount of Each Receipt this Period  
 101.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 501.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 74  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

**A.** Full Name (Last, First, Middle Initial)  
**MR ROBERT L WILSON 341**

Mailing Address 201 MEADOWLARK CT

City MARCO ISLAND State FL Zip Code 34145

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : SA11AI.12553**

Amount of Each Receipt this Period  
**100.00**

**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) ▼

Aggregate Year-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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>23852.00</b>

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

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

FOR LINE NUMBER: PAGE 48 OF 74  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)  
**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 206

City State Zip Code  
STERLING VA 20166

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA15.7879**

Amount of Each Receipt this Period

REFUND

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3062.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="3062.00"/>

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. BASE CONNECT INC**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003

Category/  
Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : SB21B.7823**

Amount of Each Disbursement this Period

811.54

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Category/  
Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2014

**Transaction ID : SB21B.7810**

Amount of Each Disbursement this Period

640.85

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
PO BOX RENEWAL

001

Category/  
Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2014

**Transaction ID : SB21B.7824**

Amount of Each Disbursement this Period

748.00

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

2200.39

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2014

Transaction ID : **SB21B.7825**

Amount of Each Disbursement this Period

752.19

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
RENEW PO BOX

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

Transaction ID : **SB21B.7860**

Amount of Each Disbursement this Period

35.62

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
RENEW BRM PERMIT

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2014

Transaction ID : **SB21B.7861**

Amount of Each Disbursement this Period

41.14

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

828.95

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City State Zip Code  
STERLING VA 20166

Purpose of Disbursement  
BRM POSTAGE DEPOSIT

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : **SB21B.7862**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2014

Transaction ID : **SB21B.7811**

Amount of Each Disbursement this Period

3224.62

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICES**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2014

Transaction ID : **SB21B.7812**

Amount of Each Disbursement this Period

4974.62

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

10199.24

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICES**

Date of Disbursement

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

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

**Transaction ID : SB21B.7826**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

5249.22
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**

Date of Disbursement

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

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

**Transaction ID : SB21B.7827**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

5535.75
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICES**

Date of Disbursement

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

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

**Transaction ID : SB21B.7828**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

6941.62
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

17726.59
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

**Transaction ID : SB21B.7829**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

4737.71
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

**Transaction ID : SB21B.7863**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

22000.00
----------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

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

Mailing Address 504 SHAW RD  
SUITE 206

**Transaction ID : SB21B.7830**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

4636.97
---------

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

31374.68
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : **SB21B.7831**

Amount of Each Disbursement this Period

7284.72

Full Name (Last, First, Middle Initial)

**B. EDWARD J COUSAR**

Mailing Address 206 OLD FRIENDSHIP RD

City CATAWBA State SC Zip Code 29704

Purpose of Disbursement  
CONSULTING - MANAGEMENT

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

Transaction ID : **SB21B.7832**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. EDWARD J COUSAR**

Mailing Address 206 OLD FRIENDSHIP RD

City CATAWBA State SC Zip Code 29704

Purpose of Disbursement  
CONSULTING - MANAGEMENT

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : **SB21B.7833**

Amount of Each Disbursement this Period

1000.00

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

9284.72

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2014

**Transaction ID : SB21B.7813**

Amount of Each Disbursement this Period

72.58

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2014

**Transaction ID : SB21B.7814**

Amount of Each Disbursement this Period

3.50

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
CUSTOM CREDIT BILLING

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

**Transaction ID : SB21B.7815**

Amount of Each Disbursement this Period

49.00

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

125.08

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2014

**Transaction ID : SB21B.7816**

Amount of Each Disbursement this Period

221.72

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2014

**Transaction ID : SB21B.7817**

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2014

**Transaction ID : SB21B.7818**

Amount of Each Disbursement this Period

0.88

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

224.18

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 01 / 2014

Transaction ID : **SB21B.7834**

Amount of Each Disbursement this Period

65.60

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

Transaction ID : **SB21B.7835**

Amount of Each Disbursement this Period

0.70

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2014

Transaction ID : **SB21B.7836**

Amount of Each Disbursement this Period

8.75

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

75.05

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
CUSTOM CREDIT BILLING

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2014

Transaction ID : **SB21B.7837**

Amount of Each Disbursement this Period

48.75

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

Transaction ID : **SB21B.7838**

Amount of Each Disbursement this Period

173.90

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2014

Transaction ID : **SB21B.7839**

Amount of Each Disbursement this Period

1.75

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

224.40

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.7840**

Amount of Each Disbursement this Period

4.83

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : **SB21B.7841**

Amount of Each Disbursement this Period

2.73

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : **SB21B.7842**

Amount of Each Disbursement this Period

1.75

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

9.31

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.7843</b>
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEE	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 3.50
Candidate Name <b>BLACK REPUBLICAN PAC</b>	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.7844</b>
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEE	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 1.23
Candidate Name <b>BLACK REPUBLICAN PAC</b>	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2014
Mailing Address 11325 RANDOM HILLS RD		<b>Transaction ID : SB21B.7845</b>
City FAIRFAX	State VA	
Purpose of Disbursement AMEX DISCOUNT FEE	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 5.85
Candidate Name <b>BLACK REPUBLICAN PAC</b>	Category/ Type	
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).....▶	10.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : SB21B.7846**

Amount of Each Disbursement this Period

1	5	.	2	3
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Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : SB21B.7847**

Amount of Each Disbursement this Period

1	5	8	.	8	0
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Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

**Transaction ID : SB21B.7848**

Amount of Each Disbursement this Period

5	.	2	5
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	7	9	.	2	8
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**TOTAL** This Period (last page this line number only)..... ▶

1	7	9	.	2	8
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
CUSTOM CREDIT BILLING

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : **SB21B.7849**

Amount of Each Disbursement this Period

64.50
-------

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : **SB21B.7850**

Amount of Each Disbursement this Period

14.39
-------

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Transaction ID : **SB21B.7851**

Amount of Each Disbursement this Period

318.91
--------

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

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

397.80
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.7852**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

1.75
------

Purpose of Disbursement  
AMEX DISCOUNT FEE

001
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.7864**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

0.88
------

Purpose of Disbursement  
AMEX DISCOUNT FEE

001
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Mailing Address 11325 RANDOM HILLS RD

**Transaction ID : SB21B.7865**

City State Zip Code  
FAIRFAX VA 22030

Amount of Each Disbursement this Period

10.68
-------

Purpose of Disbursement  
AMEX DISCOUNT FEE

001
Category/ Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

13.31
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : **SB21B.7866**

Amount of Each Disbursement this Period

5	.	8	1
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	4

Transaction ID : **SB21B.7867**

Amount of Each Disbursement this Period

1	.	2	3
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : **SB21B.7868**

Amount of Each Disbursement this Period

0	.	7	4
---	---	---	---

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

7	.	7	4
---	---	---	---

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

7	.	7	4
---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : **SB21B.7869**

Amount of Each Disbursement this Period

6	.	6	2
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : **SB21B.7870**

Amount of Each Disbursement this Period

1	.	5	8
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : **SB21B.7871**

Amount of Each Disbursement this Period

7	.	0	0
---	---	---	---

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

1	5	.	2	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	5	.	2	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2014

Transaction ID : **SB21B.7820**

Amount of Each Disbursement this Period

2915.94

Full Name (Last, First, Middle Initial)

**B. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

Transaction ID : **SB21B.7853**

Amount of Each Disbursement this Period

4715.32

Full Name (Last, First, Middle Initial)

**C. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
05 / 15 / 2014

Transaction ID : **SB21B.7854**

Amount of Each Disbursement this Period

3426.70

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

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

11057.96

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : SB21B.7855

Amount of Each Disbursement this Period

7410.67

Full Name (Last, First, Middle Initial)

**B. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SB21B.7874

Amount of Each Disbursement this Period

8805.55

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MARKETING INC**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name  
**BLACK REPUBLICAN PAC**

Category/  
Type

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

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2014

Transaction ID : SB21B.7821

Amount of Each Disbursement this Period

649.46

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

16865.68

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. LEGACY LIST MARKETING INC**

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Category/  
Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **SB21B.7856**

Amount of Each Disbursement this Period

1	7	8	3	.	7	5
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Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **SB21B.7857**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. GLENN MCCALL**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONSULTING - FUNDRAISING

001

Category/  
Type

Candidate Name

**BLACK REPUBLICAN PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : **SB21B.7872**

Amount of Each Disbursement this Period

4	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	6	8	3	.	7	5
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1	7	8	3	.	7	5
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : **SB21B.7822**

Amount of Each Disbursement this Period

508.31
--------

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.7858**

Amount of Each Disbursement this Period

177.19
--------

Full Name (Last, First, Middle Initial)

**C. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**BLACK REPUBLICAN PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2014

Transaction ID : **SB21B.7859**

Amount of Each Disbursement this Period

363.16
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1048.66
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**TOTAL** This Period (last page this line number only)..... ▶

105552.55
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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7797**  
**BLACK REPUBLICAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) SCOTT B MACKENZIE	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2776 S ARLINGTON MILL DR #806	
City ARLINGTON State VA ZIP Code 22206	

Original Amount of Loan 350.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 350.00
-----------------------------------	------------------------------------	---

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  
10 / 09 / 2012

Date Due: M M / D D / Y Y Y Y Y Y  
UPON DEMAND

Interest Rate: 18.00 % (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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	[ ] 350.00
<b>TOTALS</b> This Period (last page in this line only)..... ▶	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7799**  
**BLACK REPUBLICAN PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) SCOTT B MACKENZIE	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2776 S ARLINGTON MILL DR #806	
City ARLINGTON State VA ZIP Code 22206	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40.03	0.00	40.03

**TERMS**

Date Incurred: M M / D D / Y Y Y Y Y Y  /  /

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate:  % (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: <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).....▶	<input type="text" value="40.03"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text" value="390.03"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 74
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

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

Outstanding Balance Beginning This Period 45835.42	<b>Transaction ID : SD10.4120</b>	
Amount Incurred This Period 1134.50	Payment This Period 811.54	Outstanding Balance at Close of This Period 46158.38

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

Outstanding Balance Beginning This Period 28787.32	<b>Transaction ID : SD10.4121</b>	
Amount Incurred This Period 630.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 29417.32

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CONSOLIDATED MAILING SERVICES</b>	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 504 SHAW RD SUITE 206	
City State Zip Code STERLING VA 20166	

Outstanding Balance Beginning This Period 54922.66	<b>Transaction ID : SD10.4122</b>	
Amount Incurred This Period 9316.39	Payment This Period 11921.69	Outstanding Balance at Close of This Period 52317.36

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	127893.06
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 73 OF 74
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ELECTRONIC REPORTING SYSTEMS INC</b>	Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 683 BERRYVILLE AVE	
City State Zip Code WINCHESTER VA 20005	

Outstanding Balance Beginning This Period <input type="text" value="3476.20"/>	<b>Transaction ID : SD10.4123</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3476.20"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>INTEGRAM</b>	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 8421 HILLTOP RD	
City State Zip Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.7819</b>	
Amount Incurred This Period <input type="text" value="27274.18"/>	Payment This Period <input type="text" value="27274.18"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LEGACY LIST MARKETING INC</b>	Nature of Debt (Purpose): DIRECT MAIL - LIST RENTALS
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="25479.82"/>	<b>Transaction ID : SD10.4124</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2433.21"/>	Outstanding Balance at Close of This Period <input type="text" value="23046.61"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="26522.81"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 74 OF 74
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**BLACK REPUBLICAN PAC**

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

Outstanding Balance Beginning This Period 21500.00	Transaction ID : SD10.4125	
Amount Incurred This Period 0.00	Payment This Period 1500.00	Outstanding Balance at Close of This Period 20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	20000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	174415.87
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	390.03
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	174805.90