

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2005 Form 3X Only Use

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

FIRST CONGRESSIONAL DISTRICT REPUBLICAN  
COMMITTEE

ADDRESS (number and street) 7299 ANDREW ROAD  
DENTON MD 21629-2630

Check if different than previously reported. (ACC)

FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00005975

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
  - July 15 Quarterly Report (Q2)
  - October 15 Quarterly Report (Q3)
  - January 31 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - Convention (12C)
  - General (12G)
  - Special (12S)
  - Runoff (12R)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on  /  /  in the State of

5. Covering Period 04 / 01 / 2005 through 06 / 30 / 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HARRY N. MUIR

Signature of Treasurer *Harry N. Muir*

Date 12 / 17 / 2005

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

Office Use Only		<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMM.*

Report Covering the Period: From: **04** ' **01** ' **2005** To: **06** ' **30** ' **2005**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2005</b>		<b>770.11</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>770.11</b>	
(c) Total Receipts (from Line 19).....	<b>NONE</b>	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>770.11</b>	
7. Total Disbursements (from Line 31).....	<b>NONE</b>	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>770.11</b>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>NONE</b>	<p><i>THERE HAS BEEN NO FINANCIAL ACTIVITY ON THIS ACCOUNT, THIS PERIOD.</i></p> <p><i>Gregory N. H. [Signature]</i></p>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<b>NONE</b>	

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

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

*First Congressional District Republican Committee*

Report Covering the Period:

From:

04 ' 01 ' 2005

To:

06 ' 30 ' 2005

**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).....

NONE

(ii) Unitemized.....

NONE

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

NONE

(b) Political Party Committees.....

NONE

(c) Other Political Committees (such as PACs).....

NONE

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

NONE

12. Transfers From Affiliated/Other Party Committees.....

NONE

13. All Loans Received.....

NONE

14. Loan Repayments Received.....

NONE

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

NONE

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

NONE

17. Other Federal Receipts (Dividends, Interest, etc.).....

NONE

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

NONE

(b) Levin Funds (from Schedule H5).....

NONE

(c) Total Transfers (add 18(a) and 18(b))..

NONE

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

NONE

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

NONE

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**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 .....	NONE	
(ii) Non-Federal Share .....	NONE	
(b) Other Federal Operating Expenditures .....	NONE	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	NONE	
22. Transfers to Affiliated/Other Party Committees .....	NONE	
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	NONE	
24. Independent Expenditures (use Schedule E) .....	NONE	
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	NONE	
26. Loan Repayments Made .....	NONE	
27. Loans Made .....	NONE	
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	NONE	
(b) Political Party Committees .....	NONE	
(c) Other Political Committees (such as PACs) .....	NONE	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	NONE	
29. Other Disbursements .....	NONE	
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	NONE	
(ii) "Levin" Share .....	NONE	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	NONE	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	NONE	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	NONE	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	NONE	

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**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 <u>Contributions</u> (other than loans) (from Line 11(d), page 3) .....	NONE	
34. Total <u>Contribution Refunds</u> (from Line 28(d)) .....	NONE	
35. Net <u>Contributions</u> (other than loans) (subtract Line 34 from Line 33) .....	NONE	
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	NONE	
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	NONE	
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	NONE	

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**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 / OF /	
<input 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			

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)  
**FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) *NONE*

Mailing Address *NO CONTRIBUTIONS DURING THIS PERIOD*

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

**B.** Full Name (Last, First, Middle Initial) *NONE*

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) *NONE*

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional) *NONE* \_\_\_\_\_

**TOTAL** This Period (last page this line number only) *NONE* \_\_\_\_\_

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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)

PAGE / OF **2**

<input 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

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)

*SAME AS ATTACHED SHEET, SCHED. A*

**A.**

Full Name (Last, First, Middle Initial) *NONE*

Date of Disbursement: [ ] / [ ] / [ ]

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Category/Type: [ ]

Amount of Each Disbursement this Period: [ ]

**B.**

Full Name (Last, First, Middle Initial) *NONE*

Date of Disbursement: [ ] / [ ] / [ ]

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Category/Type: [ ]

Amount of Each Disbursement this Period: [ ]

**C.**

Full Name (Last, First, Middle Initial) *NONE*

Date of Disbursement: [ ] / [ ] / [ ]

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Category/Type: [ ]

Amount of Each Disbursement this Period: [ ]

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

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

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

**LOANS** *NONE*

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

PAGE / OF /  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

*First Congressional District Republican Committee*

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

*NONE*

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period




**TERMS**

Date incurred  
MM / DD / YYYY

Date Due  
MM / DD / YYYY

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"/>

SUBTOTALS This Period This Page (optional).....▶

TOTALS This Period (last page in this line only).....▶

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

888 940 570



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>11th CONGRESSIONAL DISTRICT REPUBLICAN COMM</i>		FEC IDENTIFICATION NUMBER <i>C 00005975</i>	
LENDING INSTITUTION (LENDER) Full Name <i>NONE</i>		Amount of Loan <i>NONE</i>	Interest Rate (APR) <i>NONE</i> %
Mailing Address		Date Incurred or Established MM / DD / YYYY	
City	State	Zip Code	Date Due MM / DD / YYYY
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>NONE</i>		Date originally incurred MM / DD / YYYY	
B. If line of credit, Amount of this Draw: <i>NONE</i>		Total Outstanding Balance: <i>NONE</i>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) <i>NONE</i>			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: <i>NONE</i>		What is the value of this collateral? <i>NONE</i>	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: <i>NONE</i>		Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY		Location of account: <i>NONE</i>	
		Address:	
		City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. <i>NONE</i>			
G. COMMITTEE TREASURER Typed Name Signature		DATE MM / DD / YYYY	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: <i>NONE</i>			
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE MM / DD / YYYY	
		Title	

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

**DEBTS AND OBLIGATIONS**

Excluding Loans

NAME OF COMMITTEE (In Full)  
*First Congressional District Republican Comm*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>"NONE"</i>	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	

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

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**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>First Congressional District Republican Comm.</i>	FEC IDENTIFICATION NUMBER <b>C00005975</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <i>NONE</i>	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee	Date MM / DD / YYYY
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: <i>"NO CANDIDATE SUPPORTED"</i>	
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date MM / DD / YYYY

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

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

*NONE*

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)  
*FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMM.*

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?  
 YES  NO

If YES, name the designating committee:

Full Name of Subordinate Committee  
*NONE*

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee  
*NONE*

Mailing Address

City State Zip Code

Name of Federal Candidate Supported  
*NONE*

Office Sought: House Senate Presidential

State: District:

Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: House Senate Presidential

State: District:

Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: House Senate Presidential

State: District:

Aggregate General Election Expenditure for this Candidate

Purpose of Expenditure

Date

Amount

Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional)..... *NONE*

TOTAL This Period (last page this line number only)..... *NONE*

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**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

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**SCHEDULE H2 (FEC Form 3X)**

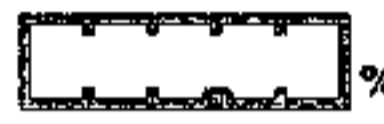
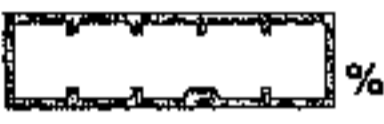
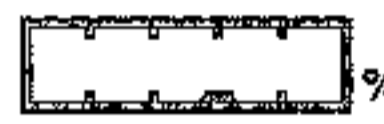
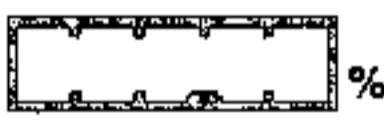


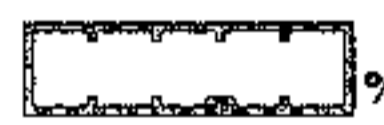

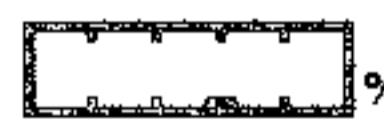
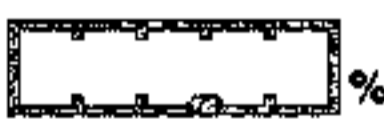

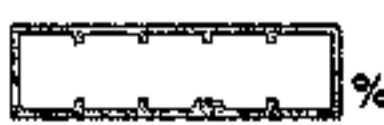
**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)  
*First Congressional District Republican Comm*

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER <i>NONE</i> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL %  %	NONFEDERAL %  %

25038940576

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
*FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMMITTEE*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>NONE</i>	MM / DD / <i>NONE</i>	<i>NONE</i>

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative ..... [ ]

ii) Generic Voter Drive ..... [ ]

iii) Exempt Activities ..... [ ]

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_ [ ]

b) \_\_\_\_\_ [ ]

c) Total Amount Transferred For Direct Fundraising ..... [ ]

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_ [ ]

b) \_\_\_\_\_ [ ]

c) Total Amount Transferred For Direct Candidate Support ..... [ ]

vi) Public Communications Referring Only to Party (Made by PAC) ..... [ ]

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) ..... [ ]

TOTAL This Period (Generic Voter Drive) ..... [ ]

TOTAL This Period (Exempt Activities) ..... [ ]

TOTAL This Period (Direct Fundraising) ..... [ ]

TOTAL This Period (Direct Candidate Support) ..... [ ]

TOTAL This Period (Public Communications Referring Only to Party) ..... [ ]

TOTAL This Period (Total Amount Transferred) ..... [ ]

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**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
*1st Congressional District Republican Comm*

A. Full Name (Last, First, Middle Initial) *NONE*

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 \_\_\_\_\_

Date:  \_\_\_\_\_ /  \_\_\_\_\_ /  \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
*NONE* + *NONE* = \_\_\_\_\_

B. Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 \_\_\_\_\_

Date:  \_\_\_\_\_ /  \_\_\_\_\_ /  \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

C. Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Activity or Event Identifier: \_\_\_\_\_

Category/Type:  \_\_\_\_\_

Allocated Activity or Event:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
 \_\_\_\_\_

Date:  \_\_\_\_\_ /  \_\_\_\_\_ /  \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
 \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

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**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE **OF**  
FOR LINE 185 OF FORM 3X

NAME OF COMMITTEE (In Full)  
*FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMM*

NAME OF ACCOUNT <i>NONE</i>	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED <i>NONE</i>
--------------------------------	-----------------------------------	---

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration ..... *NONE*

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID ..... *NONE*

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV ..... *NONE*

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity ..... *NONE*

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT <i>NONE</i>	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED
--------------------------------	-----------------------------------	--------------------------

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration .....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

25038940579

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

*"NONE"*

NAME OF COMMITTEE (In Full)  
*First Congressional District Republican Comm.*

A. Full Name (Last, First, Middle Initial) / Full Organization Name  
*NONE*

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT  
*NONE* + *NONE* =

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:  
 Voter Registration  GOTV  
 Voter ID  Generic Campaign

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**SUBTOTAL of Shared Federal and Levin Activity This Page**

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))**

FEDERAL SHARE

LEVIN SHARE

**TOTAL This Period for the Levin Share**

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**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)  
*FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMM.*

NAME OF ACCOUNT  
*NONE*

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	<i>NONE</i>	
(b) Unitemized .....		
(c) Total .....		
2. OTHER RECEIPTS .....	<i>NONE</i>	
3. TOTAL RECEIPTS .....	<i>NONE</i>	
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-8)		
(a) Voter Registration .....	<i>NONE</i>	
(b) Voter ID .....	<i>NONE</i>	
(c) GOTV .....	<i>NONE</i>	
(d) Generic Campaign .....	<i>NONE</i>	
(e) Total .....	<i>NONE</i>	
5. OTHER DISBURSEMENTS .....	<i>NONE</i>	
6. TOTAL DISBURSEMENTS .....	<i>NONE</i>	
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND .....	<i>NONE</i>	
(for Column B, use cash as of January 1st)		
8. RECEIPTS .....	<i>NONE</i>	
(from Line 3)		
9. SUBTOTAL .....	<i>NONE</i>	
(Add Lines 7 and 8)		
10. DISBURSEMENTS .....	<i>NONE</i>	
(From Line 6)		
11. ENDING CASH ON HAND .....	<i>NONE</i>	
(Subtract Line 10 From Line 9)		

25038940581

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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)  
*FIRST CONGRESSIONAL DISTRICT REPUBLICAN CUMM*

A. Full Name (Last, First, Middle Initial) / Full Organization Name  
*NONE*

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

B. Full Name (Last, First, Middle Initial) / Full Organization Name  
*NONE*

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

C. Full Name (Last, First, Middle Initial) / Full Organization Name  
*NONE*

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

D. Full Name (Last, First, Middle Initial) / Full Organization Name  
*NONE*

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

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

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**SCHEDULE L-B (FEC Form 3X)**

**ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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)  
*FIRST CONGRESSIONAL DISTRICT REPUBLICAN COMM*

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name: *NONE*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name: *NONE*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name: *NONE*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name: *NONE*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name: *NONE*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Date of Disbursement:  /  /

Amount of Each Disbursement this Period:

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

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

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*[Signature]*  
 PREPARER

*12/27/05*  
 DATE PREPARED

25038040584