

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. Rick W. Allen for Congress

12FE4M5

ADDRESS (number and street) P. O. Box 338 Augusta GA 30903

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00504019 3. IS THIS REPORT NEW (N) OR AMENDED (A) GA 12

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) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of GA

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 10/16/2014 through 11/24/2014

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 E. G. Meybohm

Signature of Treasurer E. G. Meybohm [Electronically Filed] Date 01/22/2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	593143.77	1391942.16
(b) Total Contribution Refunds (from Line 20(d)) .....	1000	3700
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	592143.77	1388242.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	441468.33	2309442.09
(b) Total Offsets to Operating Expenditures (from Line 14).....		550
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	441468.33	2308892.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	27068.52	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1191524.56	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Rick W. Allen for Congress

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="93639"/>	<input type="text" value="1024427"/>	<input type="text" value="8570"/>
(ii) Unitemized		
<input type="text" value="11821"/>	<input type="text" value="71813"/>	<input type="text" value="1925"/>
(iii) Total of contributions from individuals		
<input type="text" value="105460"/>	<input type="text" value="1096240"/>	<input type="text" value="10495"/>
(b) Political Party Committees		
<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Other Political Committees		
<input type="text" value="47250"/>	<input type="text" value="218240.65"/>	<input type="text" value="19500"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 148

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
440433.77	77461.51	440433.77
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
593143.77	1391942.16	470428.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	9289.22	
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
270000	1075000	
(b) All Other Loans		
(c) TOTAL LOANS (add Lines 13(a) and (b))		
270000	1075000	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
	550	
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
863143.77	2476781.38	470428.77

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 148

Write or Type Committee Name

Rick W. Allen for Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
441468.33	2309442.09	24126.48
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
505000	90000	505000
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
505000	90000	505000
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
	2700	
(b) Political Party Committees		

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

1000

1000

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

1000

3700

**21. OTHER DISBURSEMENTS**

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

947468.33

2403142.09

529126.48

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

592143.77

1388242.16

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

2308892.09

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

111393.08

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

863143.77

25. SUBTOTAL (add Line 23 and Line 24).....

974536.85

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

947468.33

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

27068.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) <b>A. On the Levee Deli LLC</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1450 Greene Street Ste 600		<b>Transaction ID : SA11Ai-CN4422</b>	
City Augusta	State GA	Zip Code 30901	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500	
Name of Employer Occupation		Election Cycle-to-Date _____ 500	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Brad Usry</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address 1112 Council Dr		<b>Transaction ID : SA11Ai-CN4423</b>	
City Augusta	State GA	Zip Code 30909	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500	
Name of Employer Occupation Fatman's Cafe Owner		Partnership-On the Levee Deli LLC <b>[MEMO ITEM]</b> \$500.00 MEMO Partnership Attributed	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 2660	

Full Name (Last, First, Middle Initial) <b>C. Mrs. W. Franklin Abbott III</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2014	
Mailing Address P.O. Box 3466		<b>Transaction ID : SA11Ai-CN4552</b>	
City Augusta	State GA	Zip Code 30914	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 500	
Name of Employer Occupation Abbott Oil Executive		Election Cycle-to-Date _____ 500	
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Forester B Adams**

Mailing Address 1111 Peachtree Rd

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Meybohm Scarborough Insurance Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1750**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

**Transaction ID : SA11Ai-CN4384**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 3570 Pebble Beach

City State Zip Code  
Martinez GA 30907

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

Name of Employer Occupation  
Ahs And Associates Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

**Transaction ID : SA11Ai-CN4286**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**J. Charles Allen Jr**

Mailing Address 4897 Hereford Farm Rd

City State Zip Code  
Evans GA 30809

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

Name of Employer Occupation  
Atkins & Associates Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4275**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

**Transaction ID : SA11Ai-CN4408**

Amount of Each Receipt this Period  
**1600**

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

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

**3100.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Kay K Allen**

Mailing Address 4897 Hereford Farm Rd

City Evans State GA Zip Code 30809

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

Name of Employer Columbia County Occupation Elected Official

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11Ai-CN4409**

Amount of Each Receipt this Period  
**400**

**B.** Full Name (Last, First, Middle Initial)  
**J.T. Anderson Jr**

Mailing Address 949 Johns Rd

City Augusta State GA Zip Code 30904

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4289**

Amount of Each Receipt this Period  
**500**

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

Mailing Address P O Box 732

City Statesboro State GA Zip Code 30459

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

Name of Employer Forest Heights Water Works Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4445**

Amount of Each Receipt this Period  
**100**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Philip F. Anderson**

Mailing Address 3019 Lake Forest Drive

City Augusta State GA Zip Code 30909

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

Name of Employer RBW Logistics Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4318**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 425 Armstrong Way

City Evans State GA Zip Code 30809

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4306**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 3140 Westminster Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11Ai-CN4495**

Amount of Each Receipt this Period  
**250**

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

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

**750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Lee Bo Banks**

Mailing Address 3514 Preston Trl

City State Zip Code  
Martinez GA 30907

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

Name of Employer Occupation  
Banks Drug Pharmacist

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date  
500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : SA11Ai-CN4502**

Amount of Each Receipt this Period  
500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Clarence T Barinowski**

Mailing Address 2387 Louisville Rd

City State Zip Code  
Appling GA 30802

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4222**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**Mr. G. Holmes Bell IV**

Mailing Address 805 Dancy Ave

City State Zip Code  
Savannah GA 31419

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

Name of Employer Occupation  
HGBD Inc. Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4312**

Amount of Each Receipt this Period  
250

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Davis Beman**

Mailing Address 699 Broad Street Suite 400

City Augusta State GA Zip Code 30901

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

Name of Employer Blanchard & Calhoun Occupation Commercial Real Estate Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4359**

Amount of Each Receipt this Period  
 100

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

Mailing Address P.O. Box 1396

City Brunswick State GA Zip Code 31521

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4363**

Amount of Each Receipt this Period  
 250

**C.** Full Name (Last, First, Middle Initial)  
**Mr. R Daniel Blanton**

Mailing Address 3530 Wheeler Rd

City Augusta State GA Zip Code 30909

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

Name of Employer Georgia Bank & Trust Occupation Banker

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2014

**Transaction ID : SA11Ai-CN4539**

Amount of Each Receipt this Period  
 500

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Judy P. Booker**

Mailing Address P.O. Box 30172

City State Zip Code  
Sea Island GA 31561

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11Ai-CN4229**

Amount of Each Receipt this Period  
1000

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

Mailing Address 2918 Lake Forest Dr

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Augusta Iron & Steel Works Inc. Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : SA11Ai-CN4448**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert L Brand**

Mailing Address PO Box 14039

City State Zip Code  
Augusta GA 30919

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

Name of Employer Occupation  
Augusta Orthopedic and Sports Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : SA11Ai-CN4488**

Amount of Each Receipt this Period  
250

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Bennie Bray</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 8214 Westchester Dr Apt 800		<b>Transaction ID : SA11Ai-CN4236</b>
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer Self	Occupation Investments	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	

Full Name (Last, First, Middle Initial) <b>Stephanie Bray</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 8214 Westchester Dr Apt 800		<b>Transaction ID : SA11Ai-CN4237</b>
City Dallas	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	

Full Name (Last, First, Middle Initial) <b>Dr. James H. Braziel III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address 919 Walke Dairy Road		<b>Transaction ID : SA11Ai-CN4264</b>
City Dublin	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250
Name of Employer Middle GA Anesthesia Assoc.	Occupation Physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 3150 Skinner Mill Rd

City Augusta State GA Zip Code 30909

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

Name of Employer Brigham Woods Occupation Investments

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4490**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 4885 Somerset Drive

City Evans State GA Zip Code 30809

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

Name of Employer Gold Cross EMT Occupation Executive

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 19 / 2014**

**Transaction ID : SA11Ai-CN4540**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 1690 Redbourne Drive

City Atlanta State GA Zip Code 30350

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

Name of Employer Self Occupation Dentist

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : SA11Ai-CN4529**

Amount of Each Receipt this Period  
**250**

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

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

**2250.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 148  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Candy Burgess**

Mailing Address PO Box 4146

City Macon State GA Zip Code 31208

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4311**

Amount of Each Receipt this Period  
**800**

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

Mailing Address PO Box 4146

City Macon State GA Zip Code 31208

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

Name of Employer Burgess Pigment Co. Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4310**

Amount of Each Receipt this Period  
**200**

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

Mailing Address 5829 Cloy Kildare Road

City Newington State GA Zip Code 30446

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

Name of Employer Burns Supply Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4464**

Amount of Each Receipt this Period  
**500**

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

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

**1500.00**



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

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

FOR LINE NUMBER: PAGE 17 OF 148  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert L. Carmichael Jr**

Mailing Address 901 Piney Woods Dr

City State Zip Code  
Lagrange GA 30240

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

Name of Employer Occupation  
Commercial Bank & Trust President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4274**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 10 Melanie Way

City State Zip Code  
Evans GA 30809

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

Name of Employer Occupation  
Requested Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4287**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles G Caye Jr**

Mailing Address PO Box 3965

City State Zip Code  
Augusta GA 30914

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

Name of Employer Occupation  
Self Employed Real Estate Developer

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 19 / 2014**

**Transaction ID : SA11Ai-CN4542**

Amount of Each Receipt this Period  
**1000**

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

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

**2000.00**

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

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

FOR LINE NUMBER: PAGE 18 OF 148  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Eddie Cheeks**

Mailing Address 85 Conifer Circle

City Augusta State GA Zip Code 30909

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

Name of Employer Self Occupation Physician

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 11 / 2014

**Transaction ID : SA11Ai-CN4520**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**J. Samuel Choate Jr**

Mailing Address 103 Spyglass

City St Simons Island State GA Zip Code 31522

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

Name of Employer Atwood Law Firm P.C. Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4366**

Amount of Each Receipt this Period  
 1000

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

Mailing Address P.O. Box 2958

City Gainesville State GA Zip Code 30503

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

Name of Employer Gainesville Milling Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4376**

Amount of Each Receipt this Period  
 500

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 4835 Doe Run

City Evans State GA Zip Code 30809

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

Name of Employer The Cleveland Group CPAs Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11Ai-CN4476**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 4800 Atlanta Highway

City Bogart State GA Zip Code 30622

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

Name of Employer Clyde Armory Inc. Occupation CEO Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11Ai-CN4392**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 507 Loyola Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Cooper & Co. CPAs Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11Ai-CN4438**

Amount of Each Receipt this Period  
**100**

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

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

**2100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 507 Loyola Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Cooper & Co. CPAs Occupation CPA

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 21 / 2014**

**Transaction ID : SA11Ai-CN4551**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John I. Crews Jr**

Mailing Address 306 Marston Lane

City Richmond State VA Zip Code 23221

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4269**

Amount of Each Receipt this Period  
**500**

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

Mailing Address P.O. Box 398

City Stillmore State GA Zip Code 30464

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 12 / 2014**

**Transaction ID : SA11Ai-CN4493**

Amount of Each Receipt this Period  
**2400**

Reattributed from Billy Crider

**[MEMO ITEM]**  
 Reattribution

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Billy Crider</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address P.O. Box 398		<b>Transaction ID : SA11Ai-CN4169</b>
City Stillmore	State GA	Zip Code 30464
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000	
Name of Employer Crider Poultry Company	Occupation President	See previous rpt Reattributed
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>Billy Crider</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2014
Mailing Address P.O. Box 398		<b>Transaction ID : SA11Ai-CN4492</b>
City Stillmore	State GA	Zip Code 30464
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period -2400	
Name of Employer	Occupation	Reattributed to Ann Crider
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date -2400	<b>[MEMO ITEM]</b> Reattributed

Full Name (Last, First, Middle Initial) <b>Stephen R. Croft</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 7023 Banbury Way		<b>Transaction ID : SA11Ai-CN4303</b>
City Grovetown	State GA	Zip Code 30813
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150	
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Herbert Daniel Jr**

Mailing Address 2211 Perry Road

City Claxton State GA Zip Code 30417

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11Ai-CN4368**

Amount of Each Receipt this Period  
**500**

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

Mailing Address P.O. Box 10

City Glennville State GA Zip Code 30427

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

Name of Employer Claxton Bank Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4460**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Willie S. Dasher Jr**

Mailing Address PO Box 60

City Springfield State GA Zip Code 31329

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

Name of Employer Dasher Insurance Agency Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11Ai-CN4442**

Amount of Each Receipt this Period  
**500**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1554 Chadwick Point Court

City State Zip Code  
Lawrenceville GA 30043

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

Name of Employer Occupation  
12Stone Church Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4370**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 52 Chigoe Ln

City State Zip Code  
Appling GA 30802

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

Name of Employer Occupation  
Brown & Radiology Assoc. Radiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11Ai-CN4244**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 334 Dixon Lake Circle

City State Zip Code  
Vidalia GA 30474

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4220**

Amount of Each Receipt this Period  
**300**

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

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

**1050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mike Downing**

Mailing Address 3040 Pine Needle Road

City Augusta State GA Zip Code 30909

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

Name of Employer Gold Mech Inc. Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4405**

Amount of Each Receipt this Period  
**2400**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. John F. Flournoy**

Mailing Address P.O. Box 6566

City Columbus State GA Zip Code 31917

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

Name of Employer Flournoy Development Company Occupation Real Estate Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4356**

Amount of Each Receipt this Period  
**250**

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

Mailing Address P.O. Box 9790  
115 E. Snow King Avenue

City Jackson State WY Zip Code 83002

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

Name of Employer Brandywine Funds Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4232**

Amount of Each Receipt this Period  
**2600**

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

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

**5250.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Roy T. Gamble II**

Mailing Address 305 Johns Way

City Augusta State GA Zip Code 30907

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4314**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 290 Village Parkway

City North Augusta State SC Zip Code 29841

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

Name of Employer Windsor Jewelers Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4449**

Amount of Each Receipt this Period  
**1500**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Charles B. Ginden**

Mailing Address 866 Carlton Ridge

City Atlanta State GA Zip Code 30342

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : SA11Ai-CN4425**

Amount of Each Receipt this Period  
**500**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1717 Perkins Mill Road

City Claxton State GA Zip Code 30417

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **310**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11Ai-CN4158**

Amount of Each Receipt this Period  
**10**

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

Mailing Address 1717 Perkins Mill Road

City Claxton State GA Zip Code 30417

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **335**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4444**

Amount of Each Receipt this Period  
**25**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Barry J Goldsmith**

Mailing Address 15 Summerville Ln

City Augusta State GA Zip Code 30909

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

Name of Employer West Augusta OBGYN Occupation OBGYN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11Ai-CN4343**

Amount of Each Receipt this Period  
**500**

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

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

**535.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey Gorelick**

Mailing Address 914 Broad Street

City Augusta State GA Zip Code 30901

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

Name of Employer Ruben's Department Store Occupation EVP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4228**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. J. Dudley Gunn**

Mailing Address P.O. Box 69

City Wadley State GA Zip Code 30477

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4221**

Amount of Each Receipt this Period  
**300**

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

Mailing Address 106 E Weed Street

City St. Marys State GA Zip Code 31558

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

Name of Employer Georiga Republican Party Occupation First Vice-Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4364**

Amount of Each Receipt this Period  
**500**

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

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

**1800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Hugh L. Hamilton Jr**

Mailing Address 3 Eagleton Ct

City Augusta State GA Zip Code 30909

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

Name of Employer Genesis Health LLC Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4491**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Molly A Hargather**

Mailing Address 1915 Claremont St

City Atlanta State GA Zip Code 30318

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

Name of Employer Unboundary Occupation Account Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4468**

Amount of Each Receipt this Period  
**150**

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

Mailing Address 3700 Baldee Road

City Bartow State GA Zip Code 30413

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11Ai-CN4391**

Amount of Each Receipt this Period  
**500**

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

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

**1650.00**

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

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

FOR LINE NUMBER: PAGE 29 OF 148  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Anne Randall Hatcher**

Mailing Address 424 Wateroak Ln

City Augusta State GA Zip Code 30907

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA11Ai-CN4339**

Amount of Each Receipt this Period  
 2600

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

Mailing Address 14 Magnolia Drive

City Newnan State GA Zip Code 30263

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

Name of Employer Headley Construction Corp. Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11Ai-CN4262**

Amount of Each Receipt this Period  
 500

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

Mailing Address 2312 Overton Road

City Augusta State GA Zip Code 30904

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

Name of Employer Brown Radiology Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11Ai-CN4424**

Amount of Each Receipt this Period  
 250

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

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

3350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Jerry W. Howington**

Mailing Address 2312 Walton Way

City Augusta State GA Zip Code 30904

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11Ai-CN4155**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Dennis H Ingley**

Mailing Address 2171 Ga Hwy 13 E

City Vidalia State GA Zip Code 30474

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

Name of Employer Ingley Moore Paradice & Co LLC Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4357**

Amount of Each Receipt this Period  
 100

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

Mailing Address 1331 Reynolds St

City Augusta State GA Zip Code 30901

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

Name of Employer State of Georgia Occupation Senator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4277**

Amount of Each Receipt this Period  
 500

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address P.O. Box 2627

City Statesboro State GA Zip Code 30459

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

Name of Employer Northland Communications Corp. Occupation Cable TV Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4459**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Ron G. Johnson**

Mailing Address 888 Golf Drive

City Swainsboro State GA Zip Code 30401

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

Name of Employer INVEST Financial Corporation Occupation Representative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11Ai-CN4477**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 6009 Lanier Heights Circle

City Buford State GA Zip Code 30518

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

Name of Employer CAB Incorporated Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : SA11Ai-CN4193**

Amount of Each Receipt this Period  
**250**

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Andy Kilpatrick**

Mailing Address 3113 Washington Rd

City Augusta State GA Zip Code 30907

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4471**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 600 Bourne Place

City Augusta State GA Zip Code 30904

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

Name of Employer Very Vera Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4470**

Amount of Each Receipt this Period  
**250**

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

Mailing Address PO Box 228

City Lyons State GA Zip Code 30436

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11Ai-CN4389**

Amount of Each Receipt this Period  
**150**

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

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

**650.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Kyle Kinney**

Mailing Address 3552 Carnoustie Drive

City Augusta State GA Zip Code 30907

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

Name of Employer The Foot And Ankle Group Occupation Podiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11Ai-CN4171**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1412 Green Ivy Lane

City Augusta State GA Zip Code 30907

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

Name of Employer Savannah River Remediation LLC Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **398**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11Ai-CN4265**

Amount of Each Receipt this Period  
**199**

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

Mailing Address 27281 Lakeway Court

City Bonita Springs State FL Zip Code 34134

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

Name of Employer AF Inc. Occupation Mfg

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11Ai-CN4393**

Amount of Each Receipt this Period  
**250**

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

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

**949.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Adam Lane**

Mailing Address 389 West Meadowlake Parkway

City Swainsboro State GA Zip Code 30401

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

Name of Employer Self Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4461**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Donald M. Leebern Jr.**

Mailing Address PO Box 308

City Mcdonough State GA Zip Code 30243

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

Name of Employer Georgia Crown Occupation Chairman

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

Election Cycle-to-Date **4600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : SA11Ai-CN4390**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address 478 Front St

City North Augusta State SC Zip Code 29841

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

Name of Employer FPL Food LLC Occupation CEO President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 19 / 2014**

**Transaction ID : SA11Ai-CN4177**

Amount of Each Receipt this Period  
**1000**

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 113 Arwright Landing

City Macon State GA Zip Code 31210

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

Name of Employer Georgia Mining Association Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4267**

Amount of Each Receipt this Period  
 500

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

Mailing Address 2913 Stratford Drive

City Augusta State GA Zip Code 30909

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2014

**Transaction ID : SA11Ai-CN4541**

Amount of Each Receipt this Period  
 1000

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

Mailing Address P.O. Box 130630

City Houston State TX Zip Code 77219

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4266**

Amount of Each Receipt this Period  
 2000

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Harold L. Machen**

Mailing Address 310 Marshy Pointe

City Duluth State GA Zip Code 30097

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

Name of Employer Henderson Electric Occupation Contractor

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2014

**Transaction ID : SA11Ai-CN4543**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Meredith E. Magnus**

Mailing Address 136 Country Walk Circle

City Brunswick State GA Zip Code 31525

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4285**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 45 Columbia Drive Suite #100-A

City Pooler State GA Zip Code 31322

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

Name of Employer Joe Marchese Commercial Construction Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4374**

Amount of Each Receipt this Period  
**250**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark T Maund**

Mailing Address 2306 William Street

City Augusta State GA Zip Code 30904

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

Name of Employer CTB Wealth Management Services LLC Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11Ai-CN4248**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 300 Commerce Way

City Vidalia State GA Zip Code 30474

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

Name of Employer Altamaha Animal Clinic Occupation Veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4489**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 116 West Gaston Street

City Savannah State GA Zip Code 31401

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

Name of Employer Thomas & Hutton Inc. Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : SA11Ai-CN4375**

Amount of Each Receipt this Period  
**1000**

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

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

**2500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Ben McElreath</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 51 Conifer Cir		<b>Transaction ID : SA11Ai-CN4307</b>	
City Augusta	State GA	Zip Code 30909	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250	
Name of Employer Benjamin F. McElreath PC	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250		

Full Name (Last, First, Middle Initial) <b>B. Mr. Ben McElreath</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 51 Conifer Cir		<b>Transaction ID : SA11Ai-CN4469</b>	
City Augusta	State GA	Zip Code 30909	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250	
Name of Employer Benjamin F. McElreath PC	Occupation Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500		

Full Name (Last, First, Middle Initial) <b>C. Mr. Gene McManus</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 17 / 2014	
Mailing Address 2642 Hillcrest Ave		<b>Transaction ID : SA11Ai-CN4535</b>	
City Augusta	State GA	Zip Code 30904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250	
Name of Employer AP Wealth Management LLC	Occupation Financial		
Receipt For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Election Cycle-to-Date 250		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Larry Miller**

Mailing Address 261 Willowood Court

City Augusta State GA Zip Code 30907

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

Name of Employer Larry Miller Realty Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11Ai-CN4157**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 3219 Lake Forest Dr

City Augusta State GA Zip Code 30909

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11Ai-CN4188**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Victor J Mills**

Mailing Address 736 Jones Creek

City Evans State GA Zip Code 30809

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

Name of Employer Blanchard & Calhoun Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4278**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Diane Morgan**

Mailing Address 756 Riverbluff Rd

City North Augusta State SC Zip Code 29841

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

Name of Employer R. W. Allen LLC Occupation Executive Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4293**

Amount of Each Receipt this Period  
**50**

**B.** Full Name (Last, First, Middle Initial)  
**Ms. Elizabeth S. Morgan**

Mailing Address 3 Somerset Ct

City Augusta State GA Zip Code 30909

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

Name of Employer Self Occupation Medical Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4417**

Amount of Each Receipt this Period  
**50**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Ben B. Neely**

Mailing Address P.O. Box 626

City Lyons State GA Zip Code 30436

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4315**

Amount of Each Receipt this Period  
**300**

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

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

**400.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ed Nelson**

Mailing Address P.O. Box 9

City: Glennville State: GA Zip Code: 30427

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

Name of Employer: Rotary Corporation Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: **11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4465**

Amount of Each Receipt this Period: **1000**

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

Mailing Address 4400 Perry Road

City: Claxton State: GA Zip Code: 30417

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

Name of Employer: Nesmith Chevrolet Occupation: Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **1000**

Date of Receipt: **10 / 31 / 2014**

**Transaction ID : SA11Ai-CN4421**

Amount of Each Receipt this Period: **250**

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

Mailing Address 40 Jones Mill Drive

City: Carrollton State: GA Zip Code: 30116

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

Name of Employer: Nix Fowler Constructors Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **750**

Date of Receipt: **10 / 18 / 2014**

**Transaction ID : SA11Ai-CN4178**

Amount of Each Receipt this Period: **250**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**J. Christopher Noah Sr**

Mailing Address 528 McKinnie's Line

City Evans State GA Zip Code 30809

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4288**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 3126 Montpelier Dr

City Augusta State GA Zip Code 30909

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

Name of Employer GIW Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4218**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 3180 Arden Road

City Atlanta State GA Zip Code 30305

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11Ai-CN4260**

Amount of Each Receipt this Period  
**500**

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

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

**1250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Whitney O'Keeffe**

Mailing Address 1002 Katherine Street  
No. 9

City Augusta State GA Zip Code 30904

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11Ai-CN4154**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 3417 Woodstone Place

City Augusta State GA Zip Code 30909

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4437**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 100 SW Main Street

City Vidalia State GA Zip Code 30474

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

Name of Employer Owens Construction Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4316**

Amount of Each Receipt this Period  
**500**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 705 Woodvalley Rd

City: Waynesboro State: GA Zip Code: 30830

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

Name of Employer: 1st National Bank Waynesboro GA Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500

Date of Receipt: 11 / 04 / 2014

**Transaction ID : SA11Ai-CN4475**

Amount of Each Receipt this Period: 500

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

Mailing Address 4400 Perry Road

City: Claxton State: GA Zip Code: 30417

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

Name of Employer: Claxton Bakery Occupation: President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 11 / 04 / 2014

**Transaction ID : SA11Ai-CN4462**

Amount of Each Receipt this Period: 500

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

Mailing Address 506 Regent Pl

City: Augusta State: GA Zip Code: 30909

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

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 350

Date of Receipt: 11 / 04 / 2014

**Transaction ID : SA11Ai-CN4473**

Amount of Each Receipt this Period: 100

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Jeff Pope**

Mailing Address 2356 Middleground Road

City Statesboro State GA Zip Code 30461

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

Name of Employer Pope Construction Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4369**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Phillip L Proctor**

Mailing Address 3532 Granite Way

City Augusta State GA Zip Code 30907

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

Name of Employer Criterium Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4299**

Amount of Each Receipt this Period  
**100**

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

Mailing Address 2115 Glenn Fls

City Grovetown State GA Zip Code 30813

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11Ai-CN4380**

Amount of Each Receipt this Period  
**60**

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

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

**1160.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Todd Alan Reach**

Mailing Address 6932 Eldridge Street

City San Diego State CA Zip Code 92120

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

Name of Employer KAB Laboratories Inc. Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11Ai-CN4441**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 3539 Westlake Dr

City Augusta State GA Zip Code 30907

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

Name of Employer Powerline Inc. Occupation Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 19 / 2014**

**Transaction ID : SA11Ai-CN4176**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Tim H Reeve**

Mailing Address 493 Falcon Dr

City Martinez State GA Zip Code 30907

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

Name of Employer Lakeside High School Occupation Assistant Principal

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date **520**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 14 / 2014**

**Transaction ID : SA11Ai-CN4534**

Amount of Each Receipt this Period  
**520**

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

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

**2520.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Lois R. Regan**

Mailing Address 4189 Crosstowne Ct

City State Zip Code  
Evans GA 30809

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11Ai-CN4291**

Amount of Each Receipt this Period  
1000

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

Mailing Address 5 Reid Court

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
The Boardroom Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11Ai-CN4383**

Amount of Each Receipt this Period  
250

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

Mailing Address 4 Bent Tree Ct

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Bob Richards Auto Group Auto Dealer

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date  
500

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2014

**Transaction ID : SA11Ai-CN4512**

Amount of Each Receipt this Period  
500

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Roy Richards Jr**

Mailing Address P.O. Box 800

City: Carrollton State: GA Zip Code: 30112

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

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4407**

Amount of Each Receipt this Period: 1000

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

Mailing Address 995 Windmill Lane

City: Evans State: GA Zip Code: 30809

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250

Date of Receipt: 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4308**

Amount of Each Receipt this Period: 250

**C.** Full Name (Last, First, Middle Initial)  
**John W. Robinson Jr**

Mailing Address P.O. Box E

City: Winder State: GA Zip Code: 30680

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

Name of Employer: None Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500

Date of Receipt: 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4365**

Amount of Each Receipt this Period: 500

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

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

1750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Charlton Rogers**

Mailing Address P.O. Box 941

City State Zip Code  
Glennville GA 30427

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

Name of Employer Occupation  
Self-Employed Sells Insurance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4466**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 3532 Pebble Beach Drive

City State Zip Code  
Augusta GA 30907

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

Name of Employer Occupation  
Agricommodities Inc. Wholesale

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4304**

Amount of Each Receipt this Period  
**200**

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

Mailing Address Post Office Box 1077

City State Zip Code  
Aiken SC 29802

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4290**

Amount of Each Receipt this Period  
**500**

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

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

**1700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Harvey J. Sanders III**

Mailing Address 605 Scotts Way

City Augusta State GA Zip Code 30909

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

Name of Employer Serotta Maddocks Evans Occupation Accountant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4275**

Amount of Each Receipt this Period  
 50

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

Mailing Address 716 Main St W

City Claxton State GA Zip Code 30417

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

Name of Employer Southern Property Services Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11Ai-CN4463**

Amount of Each Receipt this Period  
 500

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

Mailing Address 1106 Johns Rd

City Augusta State GA Zip Code 30904

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4600**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11Ai-CN4245**

Amount of Each Receipt this Period  
 1000

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Abram J Serotta**

Mailing Address 701 Greene St

City State Zip Code  
Augusta GA 30901

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

Name of Employer Occupation  
SME CPA CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3100**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11Ai-CN4223**

Amount of Each Receipt this Period  
**500**

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

Mailing Address 1353 Story Mill Road

City State Zip Code  
Waynesboro GA 30830

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

Name of Employer Occupation  
Joseph S. Shepherd Company Cotton Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4457**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Stephen B. Shepherd**

Mailing Address 1800 Briarcliff Road

City State Zip Code  
Atlanta GA 30329

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

Name of Employer Occupation  
Plant Improvement Co. Inc. Corporate Officer

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 10 / 2014**

**Transaction ID : SA11Ai-CN4509**

Amount of Each Receipt this Period  
**250**

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

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

**850.00**

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

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

FOR LINE NUMBER: PAGE 52 OF 148  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Leroy H Simkins Jr**

Mailing Address 7 Indian Creek Rd

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Simkins Land Co. Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11Ai-CN4472**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Paul S Simon**

Mailing Address 14 Highgate St W

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Morris Communications Corp Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4850**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11Ai-CN4292**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Preston E. Sizemore**

Mailing Address 3106 Natalie Circle

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Sizemore Inc. President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 18 / 2014**

**Transaction ID : SA11Ai-CN4175**

Amount of Each Receipt this Period  
**100**

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

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

**2950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Becky H Smith**

Mailing Address 814 Milledge Rd

City Augusta State GA Zip Code 30904

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4213**

Amount of Each Receipt this Period  
 100

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

Mailing Address 2558 Oakwood Trace SE

City Smyrna State GA Zip Code 30080

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

Name of Employer State Of Georgia Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4358**

Amount of Each Receipt this Period  
 100

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

Mailing Address 2558 Oakwood Trace SE

City Smyrna State GA Zip Code 30080

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

Name of Employer State Of Georgia Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4436**

Amount of Each Receipt this Period  
 100

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

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

300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. John T. South III**

Mailing Address 2 Pettigrew Plantation Road

City Bluffton	State SC	Zip Code 29910
------------------	-------------	-------------------

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

Name of Employer South University	Occupation Educator
--------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		04		2014

**Transaction ID : SA11Ai-CN4496**

Amount of Each Receipt this Period  
500

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

Mailing Address 50 Cinema Lane

City Saint Simons Island	State GA	Zip Code 31522
-----------------------------	-------------	-------------------

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

Name of Employer Georgia Theatre Company	Occupation President
---	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2014

**Transaction ID : SA11Ai-CN4362**

Amount of Each Receipt this Period  
250

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

Mailing Address 1190 Interstate Pkwy

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

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

Name of Employer Hull Storey Gibson Companies LLC.	Occupation Co-Owner
---	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		20		2014

**Transaction ID : SA11Ai-CN4202**

Amount of Each Receipt this Period  
1000

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 4085 Oak Park Highway

City Lyons State GA Zip Code 30436

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11Ai-CN4313**

Amount of Each Receipt this Period  
**200**

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

Mailing Address 604 Cavanaugh Way

City Evans State GA Zip Code 30809

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

Name of Employer Meyobhm Realtors LLC Occupation Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1525**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11Ai-CN4433**

Amount of Each Receipt this Period  
**25**

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

Mailing Address PO Box 211515

City Martinez State GA Zip Code 30917

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

Name of Employer State Farm Insurance Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4227**

Amount of Each Receipt this Period  
**1000**

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

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

**1225.00**

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

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

FOR LINE NUMBER: PAGE 56 OF 148  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Ben J. Tarbutton Jr**

Mailing Address P.O. Box 269

City Sandersville State GA Zip Code 31082

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

Name of Employer Sandersville Railroad Occupation Transportation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : SA11Ai-CN4406**

Amount of Each Receipt this Period  
**1000**

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

Mailing Address 2981 Grey Moss Pass

City Duluth State GA Zip Code 30097

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

Name of Employer American Painting And Renovation Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11Ai-CN4225**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 2981 Grey Moss Pass

City Duluth State GA Zip Code 30097

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

Name of Employer American Painting And Renovation Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11Ai-CN4226**

Amount of Each Receipt this Period  
**250**

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

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

**1500.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Brinsley T. Thigpen**

Mailing Address 5 Raintree Place

City Augusta State GA Zip Code 30909

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

Name of Employer Augusta Sports Council Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4416**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50

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

Mailing Address 3039 Fox Spring Road

City Augusta State GA Zip Code 30909

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

Name of Employer Regions Bank Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11Ai-CN4170**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250

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

Mailing Address 1019 Emerald PI

City Evans State GA Zip Code 30809

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

Name of Employer Thompson Wrecking Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2950**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11Ai-CN4187**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100

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

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

\_\_\_\_\_ 400.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Tattnall Thompson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 17 Huntington Pl		<b>Transaction ID : SA11Ai-CN4296</b>	
City Waynesboro	State GA	Zip Code 30830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100	
Name of Employer Augusta First Bank & Trust	Occupation Banker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350		

Full Name (Last, First, Middle Initial) <b>B. B J Tompkins Sr</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014	
Mailing Address PO Box 3946		<b>Transaction ID : SA11Ai-CN4415</b>	
City Augusta	State GA	Zip Code 30914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500	
Name of Employer The Tompkins Company	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		

Full Name (Last, First, Middle Initial) <b>C. Ross Trulock</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 2633 Raymond Avenue		<b>Transaction ID : SA11Ai-CN4249</b>	
City Augusta	State GA	Zip Code 30904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250	
Name of Employer Blanchard & Calhoun	Occupation Realtor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Manuel Vallarino**

Mailing Address 126 Wofford Road

City Myrtle Beach State SC Zip Code 29575

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

Name of Employer Coquina Sand & Fill Occupation Civil Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11Ai-CN4381**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Kenneth D Varnadore**

Mailing Address 2987 Ray Owens Rd

City Appling State GA Zip Code 30802

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

Name of Employer A.B. Beverage Occupation General Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11Ai-CN4246**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**Ms. Whitney F. Walker**

Mailing Address 918 Johns Road

City Augusta State GA Zip Code 30904

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11Ai-CN4219**

Amount of Each Receipt this Period  
 500

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>A. Mrs. Deena L. Wall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 3825 Inverness Way		<b>Transaction ID : SA11Ai-CN4309</b>
City Martinez	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300
Name of Employer None	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350	

Full Name (Last, First, Middle Initial) <b>B. Mr. Clay Ward</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Mailing Address 445 Walker Street		<b>Transaction ID : SA11Ai-CN4186</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600	

Full Name (Last, First, Middle Initial) <b>C. Mr. R. Daniel Weigle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 1 Summitt Pl		<b>Transaction ID : SA11Ai-CN4298</b>
City Augusta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100
Name of Employer Self	Occupation Investments	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 250 Wagon Road

City State Zip Code  
Sylvania GA 30467

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

Name of Employer Occupation  
Medicap Pharmacy Pharmacist/Owner

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date  
**250**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		10		2014

**Transaction ID : SA11Ai-CN4500**

Amount of Each Receipt this Period  
**250**

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

Mailing Address 1122 Johns Rd

City State Zip Code  
Augusta GA 30904

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

Name of Employer Occupation  
Augusta ENT Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		03		2014

**Transaction ID : SA11Ai-CN4479**

Amount of Each Receipt this Period  
**500**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Bunny Simon Williams**

Mailing Address 5 Indian Creek Rd

City State Zip Code  
Augusta GA 30909

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

Name of Employer Occupation  
Trinity Hospital Of Augusta Director Bariatric Services

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date  
**1000**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2014

**Transaction ID : SA11Ai-CN4545**

Amount of Each Receipt this Period  
**1000**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Bruce B Wilson**

Mailing Address 1600 Northside Dr NW  
Apt 100

City Atlanta State GA Zip Code 30318

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

Name of Employer Wilson Hull & Neal Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1550**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11Ai-CN4355**

Amount of Each Receipt this Period  
 100

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

Mailing Address One 10th Street Suite 400  
PO Box 2278

City Augusta State GA Zip Code 30903

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

Name of Employer Elliott Davis Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11Ai-CN4435**

Amount of Each Receipt this Period  
 500

**C.** Full Name (Last, First, Middle Initial)  
**John M. Worley Jr**

Mailing Address 1143 Putter Path

City Orangeburg State SC Zip Code 29118

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

Name of Employer Zeus Industrial Products Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11Ai-CN4450**

Amount of Each Receipt this Period  
 2600

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 148
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert A Yarbrough Jr**

Mailing Address 2187 Brooview Dr NW

City Atlanta State GA Zip Code 30318

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

Name of Employer Surety South LLC Occupation Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : SA11Ai-CN4238**

Amount of Each Receipt this Period  
**200**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**200.00**

**93639.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**American Conservative Union PAC**

Mailing Address 1007 Cameron Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00130658

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11C-CN4371**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Associated Builders & Contractors PAC**

Mailing Address 440 First Street NW  
2nd Floor

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11C-CN4386**

Amount of Each Receipt this Period  
2500

**C.** Full Name (Last, First, Middle Initial)  
**Blessings of Liberty PAC - BOLPAC**

Mailing Address c/o 8001 Irvine Center Drive #400

City State Zip Code  
Irvine CA 92618

FEC ID number of contributing federal political committee. **C** C00564658

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : SA11C-CN4231**

Amount of Each Receipt this Period  
2000

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

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

4750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect George DeLoach**

Mailing Address 201 Oak Lane

City: Waynesboro State: GA Zip Code: 30830

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

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000

Date of Receipt: 10 / 30 / 2014

**Transaction ID : SA11C-CN4400**

Amount of Each Receipt this Period: 1000

NOTE: FROM PERMISSIBLE FUNDS

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

Mailing Address P.O. Box 787

City: Lebanon State: TN Zip Code: 37088

FEC ID number of contributing federal political committee: **C** C00252791

Name of Employer: Occupation:

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date: 1000

Date of Receipt: 11 / 21 / 2014

**Transaction ID : SA11C-CN4546**

Amount of Each Receipt this Period: 1000

**C.** Full Name (Last, First, Middle Initial)  
**Ernst & Young Political Action Committee**

Mailing Address 1101 New York Avenue NW

City: Washington State: DC Zip Code: 20005

FEC ID number of contributing federal political committee: **C** C00227744

Name of Employer: Occupation:

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date: 5000

Date of Receipt: 11 / 21 / 2014

**Transaction ID : SA11C-CN4550**

Amount of Each Receipt this Period: 5000

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ExxonMobil PAC**

Mailing Address 5959 Las Colinas Boulevard

City Irving State TX Zip Code 75039

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : SA11C-CN4562**

Amount of Each Receipt this Period  
 2500

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

Mailing Address 403 East Capitol Street

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00034132

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : SA11C-CN4561**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**Fund for America's Future**

Mailing Address P.O. Box 1373

City Columbia State SC Zip Code 29202

FEC ID number of contributing federal political committee. **C** C00388934

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C-CN4317**

Amount of Each Receipt this Period  
 1000

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. General Electric Political Action Committee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 Pennsylvania Avenue NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00024869  
 Name of Employer Occupation  
 Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : SA11C-CN4559**  
 Amount of Each Receipt this Period  
 1000

**B. Honeywell International PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Constitution Avenue NW Ste 500 W  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00096156  
 Name of Employer Occupation  
 Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 24 / 2014  
**Transaction ID : SA11C-CN4560**  
 Amount of Each Receipt this Period  
 2000

**C. ICE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9158 E Staring Lane  
 City Eden Prairie State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C** C00484667  
 Name of Employer Occupation  
 Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 19 / 2014  
**Transaction ID : SA11C-CN4544**  
 Amount of Each Receipt this Period  
 1000

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

4000.00

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

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

FOR LINE NUMBER: PAGE 68 OF 148  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jackson for Senate**

Mailing Address **PO Box 528**

City **Appling** State **GA** Zip Code **30802**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C-CN4279**

Amount of Each Receipt this Period  
**1000**

NOTE: FROM PERMISSIBLE FUNDS

**B.** Full Name (Last, First, Middle Initial)  
**Kevin McCarthy For Congress**

Mailing Address **PO Box 12667**

City **Bakersfield** State **CA** Zip Code **93389**

FEC ID number of contributing federal political committee. **C C00420935**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11C-CN4467**

Amount of Each Receipt this Period  
**2000**

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

Mailing Address **P.O. Box 1872**

City **Topeka** State **KS** Zip Code **66601**

FEC ID number of contributing federal political committee. **C C00491043**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C-CN4280**

Amount of Each Receipt this Period  
**1000**

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

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

**4000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**National Pro-Life Alliance PAC**

Mailing Address 4521 Windsor Arms Court

City Annandale State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11C-CN4387**

Amount of Each Receipt this Period  
 3500

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

Mailing Address P.O. Box 7480

City Visalia State CA Zip Code 93290

FEC ID number of contributing federal political committee. **C** C00398750

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11C-CN4385**

Amount of Each Receipt this Period  
 2000

**C.** Full Name (Last, First, Middle Initial)  
**Pioneer Political Action Committee**

Mailing Address 701 18th Street NW Suite 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C-CN4373**

Amount of Each Receipt this Period  
 2500

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Speak Up America PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00376756

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11C-CN4401**

Amount of Each Receipt this Period  
 1000

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

Mailing Address 3379 Peachtree Road Suite 270

City Atlanta State GA Zip Code 30326

FEC ID number of contributing federal political committee. **C** C00010793

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11C-CN4234**

Amount of Each Receipt this Period  
 5000

**C.** Full Name (Last, First, Middle Initial)  
**The National Right To Work Committee PAC**

Mailing Address 8001 Braddock Road Ste 500

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C** C00395533

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C-CN4372**

Amount of Each Receipt this Period  
 1000

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Troutman Sanders LLP Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 600 Peachtree Street NE  
Suite 5200

City Atlanta State GA Zip Code 30308

FEC ID number of contributing federal political committee. **C** C00311142

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : SA11C-CN4547**

Amount of Each Receipt this Period  
 1000

**B. Tyler Harper For Georgia**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 798

City Ocilla State GA Zip Code 31774

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

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : SA11C-CN4558**

Amount of Each Receipt this Period  
 500

**C. Voice For Freedom PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2700 Cumberland Pkwy  
Suite 150

City Atlanta State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00409805

Name of Employer Occupation

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

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : SA11C-CN4548**

Amount of Each Receipt this Period  
 1000

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Walters for Congress**

Mailing Address 8001 Irvine Center Drive #400

City Irvine State CA Zip Code 92618

FEC ID number of contributing federal political committee. **C** C00546853

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11C-CN4230**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)  
**Westinghouse Electric Company PAC**

Mailing Address 900 19th Street NW  
Suite 350

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00346361

Name of Employer Occupation

Receipt For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2014

**Transaction ID : SA11C-CN4549**

Amount of Each Receipt this Period  
 2000

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

4000.00

47250.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 148
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

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

Name of Employer RW Allen And Associates Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**440433.77**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 24 / 2014**

**Transaction ID : SA11D-CN4555**

Amount of Each Receipt this Period  
**440433.77**

Conversion of Loan to Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**440433.77**

**440433.77**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 148
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

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

Name of Employer Self Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
110000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA13a-LN1018**

Amount of Each Receipt this Period  
110000

Personal Funds

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

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

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

Name of Employer Self Occupation Candidate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
160000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA13a-LN1019**

Amount of Each Receipt this Period  
160000

Personal Funds

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

Mailing Address 2237 Pickens Rd

City Augusta State GA Zip Code 30904

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

Name of Employer Self Occupation Candidate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125000

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : SA13a-LN1020**

Amount of Each Receipt this Period  
125000

Personal Funds

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

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

395000.00

395000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 148	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Georgia Bank &amp; Trust</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 15387		Amount of Each Disbursement this Period 136.65
City Augusta	State GA	Zip Code 30919
Purpose of Disbursement Analysis Fee	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3907
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Analysis Fee	

Full Name (Last, First, Middle Initial) <b>B. Trail Blazer Campaign Services Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 620 Mendelssohn Avenue N Suite 186		Amount of Each Disbursement this Period 1747.00
City Golden Valley	State MN	Zip Code 55427
Purpose of Disbursement Reporting Software	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3866
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Reporting Software	

Full Name (Last, First, Middle Initial) <b>c. Lauren Swing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 807 Saint Andrews Drive		Amount of Each Disbursement this Period 1791.41
City Augusta	State GA	Zip Code 30909
Purpose of Disbursement Net Salary	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3875
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Net Salary	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3675.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 148			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

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

**A. Lauren Swing**

Full Name (Last, First, Middle Initial)

Mailing Address 807 Saint Andrews Drive

City Augusta State GA Zip Code 30909

Purpose of Disbursement Reimbursement: See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 11 / 2014

Amount of Each Disbursement this Period: 426.73

Transaction ID : SB17-EX3924

Reimbursement: See Below

Category/Type: 001

**B. Deano's Italian Grill**

Full Name (Last, First, Middle Initial)

Mailing Address 110 W. Jackson Street

City Dublin State GA Zip Code 31021

Purpose of Disbursement Bus Tour Food

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 11 / 2014

Amount of Each Disbursement this Period: 293.72

Transaction ID : SB17-EX3925

[MEMO ITEM]  
Bus Tour Food

Category/Type: 001

**c. Office Depot**

Full Name (Last, First, Middle Initial)

Mailing Address 1117 Knox Ave

City North Augusta State SC Zip Code 29841

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 11 / 2014

Amount of Each Disbursement this Period: 15.43

Transaction ID : SB17-EX3926

[MEMO ITEM]  
Office Supplies

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 426.73

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Publix</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 2816 Washington Rd		Amount of Each Disbursement this Period 35.63
City Augusta	State GA	
Zip Code 30909		[MEMO ITEM] Event Catering
Purpose of Disbursement Event Catering		
Candidate Name		Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Lauren Swing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 807 Saint Andrews Drive		Amount of Each Disbursement this Period 1791.41
City Augusta	State GA	
Zip Code 30909		Net Salary
Purpose of Disbursement Net Salary		
Candidate Name		Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Diane Morgan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 756 Riverbluff Road		Amount of Each Disbursement this Period 566.37
City North Augusta	State SC	
Zip Code 29841		Net Salary
Purpose of Disbursement Net Salary		
Candidate Name		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2357.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Diane Morgan</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 756 Riverbluff Road		Amount of Each Disbursement this Period 102.77
City North Augusta	State SC	Zip Code 29841
Purpose of Disbursement Reimbursement: See Below	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3921
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Reimbursement: See Below
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 1201 Knox Ave		Amount of Each Disbursement this Period 12.77
City North Augusta	State SC	Zip Code 29841
Purpose of Disbursement Event Supplies	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3922
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	[MEMO ITEM] Event Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Diane Morgan</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 756 Riverbluff Road		Amount of Each Disbursement this Period 90.00
City North Augusta	State SC	Zip Code 29841
Purpose of Disbursement Cash for Deputy duty on Election Night	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3923
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	[MEMO ITEM] Cash for Deputy duty on Election Night
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	102.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Diane Morgan</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 756 Riverbluff Road		Amount of Each Disbursement this Period 566.36
City North Augusta	State SC	Zip Code 29841
Purpose of Disbursement Net Salary	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3933
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 101.79
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Credit Card Service Fee	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3839
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 163.88
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Credit Card Service Fee	Category/Type 001	
Candidate Name		Transaction ID : SB17-EX3840
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Service Fee
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	832.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>57.52</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3842</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>58.94</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3843</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>71.31</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3844</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>187.77</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>66.99</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3845</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>15.36</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3846</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>225.71</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3847</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>308.06</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 371.17
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3858</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 81.09
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3859</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 46.01
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3860</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	498.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 148			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>98.05</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3861</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>47.44</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3911</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>31.64</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3862</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>177.13</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>75.33</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3912</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>79.07</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3863</b>
Purpose of Disbursement <b>Credit Card Service Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>144 2nd St. 1st Floor</b>			Amount of Each Disbursement this Period <b>29.00</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94105</b>	<b>Transaction ID : SB17-EX3867</b>
Purpose of Disbursement <b>Chargeback Fee</b>		Category/ Type <b>001</b>	
Candidate Name			Chargeback Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>183.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 359.38
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3913</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 25.82
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3908</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 228.87
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3910</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	614.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 148			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 59.26
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3914</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 311.95
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3915</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 94.88
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3917</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	466.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 148			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 4.32
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3918</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 31.63
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3920</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Piryx Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 143.80
City San Francisco	State CA	Zip Code 94105	Transaction ID : <b>SB17-EX3946</b>
Purpose of Disbursement Credit Card Service Fee		001 Category/ Type	
Candidate Name			Credit Card Service Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	179.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 33.07
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Service Fee	Transaction ID : <b>SB17-EX3947</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Credit Card Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 34.53
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Service Fee	Transaction ID : <b>SB17-EX3949</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Credit Card Service Fee
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Internal Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address IRS Payment Center		Amount of Each Disbursement this Period 5109.72
City Ogden State UT Zip Code 84201	Purpose of Disbursement Tax Payment	Transaction ID : <b>SB17-EX3944</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Tax Payment
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5177.32
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>PO Box 1005184</b>		Amount of Each Disbursement this Period <b>273.54</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30348</b>
Purpose of Disbursement <b>Telephone &amp; Internet Service</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3854</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Telephone & Internet Service
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GA Department Of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address <b>1800 Century Blvd NE</b>		Amount of Each Disbursement this Period <b>473.45</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30345</b>
Purpose of Disbursement <b>Tax Payment</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3864</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Tax Payment
State: District:		

Full Name (Last, First, Middle Initial) <b>c. GA Department Of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>1800 Century Blvd NE</b>		Amount of Each Disbursement this Period <b>2527.65</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30345</b>
Purpose of Disbursement <b>Tax Payment</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3865</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Tax Payment
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3274.64</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Thomas Gardner</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 5931 Tubman Rd			Amount of Each Disbursement this Period 350.38
City Appling	State GA	Zip Code 30802	
Purpose of Disbursement Net Salary	Candidate Name		<b>Transaction ID : SB17-EX3869</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 001		Net Salary

Full Name (Last, First, Middle Initial) <b>B. Thomas Gardner</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 5931 Tubman Rd			Amount of Each Disbursement this Period 350.38
City Appling	State GA	Zip Code 30802	
Purpose of Disbursement Net Salary	Candidate Name		<b>Transaction ID : SB17-EX3932</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt		
State: District:	Category/Type 001		Net Salary

Full Name (Last, First, Middle Initial) <b>c. Ceteris Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 5909 Peachtree Dunwoody Road Sui			Amount of Each Disbursement this Period 100.00
City Atlanta	State GA	Zip Code 30328	
Purpose of Disbursement Payroll Service	Candidate Name		<b>Transaction ID : SB17-EX3948</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt		
State: District:	Category/Type 001		Payroll Service

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. William Wheat</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014		
Mailing Address PO Box 944			Amount of Each Disbursement this Period 323.78		
City Langley	State SC	Zip Code 29834	Transaction ID : SB17-EX3849		
Purpose of Disbursement Reimbursement: See Below		Category/ Type 001	Reimbursement: See Below		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. William Wheat</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014		
Mailing Address PO Box 944			Amount of Each Disbursement this Period 165.00		
City Langley	State SC	Zip Code 29834	Transaction ID : SB17-EX3850		
Purpose of Disbursement Mileage		Category/ Type 001	[MEMO ITEM] Mileage		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. FedEx Office</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014		
Mailing Address 440 Barrett Pkwy			Amount of Each Disbursement this Period 75.59		
City Kennesaw	State GA	Zip Code 30144	Transaction ID : SB17-EX3851		
Purpose of Disbursement Event Supplies		Category/ Type 001	[MEMO ITEM] Event Supplies		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	323.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. FedEx Office</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 440 Barrett Pkwy		Amount of Each Disbursement this Period 43.19
City Kennesaw	State GA Zip Code 30144	
Purpose of Disbursement Event Supplies	Category/Type 001	<b>Transaction ID : SB17-EX3853</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> Event Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William Wheat</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 944		Amount of Each Disbursement this Period 1148.33
City Langley	State SC Zip Code 29834	
Purpose of Disbursement Net Salary	Category/Type 001	<b>Transaction ID : SB17-EX3876</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>c. William Wheat</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address PO Box 944		Amount of Each Disbursement this Period 1148.33
City Langley	State SC Zip Code 29834	
Purpose of Disbursement Net Salary	Category/Type 001	<b>Transaction ID : SB17-EX3939</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2296.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 2980.81
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Email Marketing	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3940
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	
State: District:	Email Marketing	

Full Name (Last, First, Middle Initial) <b>B. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 3045.67
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Email Marketing	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3941
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	
State: District:	Email Marketing	

Full Name (Last, First, Middle Initial) <b>c. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 2239.61
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Email Marketing	Category/ Type 001	
Candidate Name		Transaction ID : SB17-EX3942
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	
State: District:	Email Marketing	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8266.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Push Digital</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address PO Box 7431		Amount of Each Disbursement this Period 1020.71
City Columbia	State SC	Zip Code 29202
Purpose of Disbursement Email Marketing	Category/ Type 001	
Candidate Name		Transaction ID : <b>SB17-EX3943</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rally.org</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 144 2nd St. First Floor		Amount of Each Disbursement this Period 2.86
City San Francisco	State CA	Zip Code 94105
Purpose of Disbursement Transaction Fee	Category/ Type 001	
Candidate Name		Transaction ID : <b>SB17-EX3919</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Card Services Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 105025		Amount of Each Disbursement this Period 4133.62
City Atlanta	State GA	Zip Code 30348
Purpose of Disbursement Credit Card Paid by Card Services Center	Category/ Type 001	
Candidate Name		Transaction ID : <b>SB17-EX3906</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5157.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Lowe's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>224 Bobby Jones Expressway</b>		Amount of Each Disbursement this Period <b>119.52</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30907</b>	Purpose of Disbursement <b>Administrative/Salary/Overhead Expenses</b>	<b>Transaction ID : SB17-EX3881</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>[MEMO ITEM]</b> Campaign Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>525 8th St</b>		Amount of Each Disbursement this Period <b>374.00</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30901</b>	Purpose of Disbursement <b>Administrative/Salary/Overhead Expenses</b>	<b>Transaction ID : SB17-EX3882</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>[MEMO ITEM]</b> Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>3675 Walton Way Extension</b>		Amount of Each Disbursement this Period <b>196.00</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30909</b>	Purpose of Disbursement <b>Administrative/Salary/Overhead Expenses</b>	<b>Transaction ID : SB17-EX3883</b>
Candidate Name	Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>[MEMO ITEM]</b> Postage
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 465.38
City Augusta	State GA	Zip Code 30909
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3884	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM] Postage Office Supplies	

Full Name (Last, First, Middle Initial) <b>B. Holiday Inn Augusta</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2155 Gordon Highway		Amount of Each Disbursement this Period 229.00
City Augusta	State GA	Zip Code 30909
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3885	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM] Meeting Room	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 400.95
City Augusta	State GA	Zip Code 30909
Purpose of Disbursement Administrative/Salary/Overhead Expenses	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3886	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:	[MEMO ITEM] Office Supplies	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 4.83
City Augusta	State GA	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		[MEMO ITEM] Office Supplies
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 308.84
City Augusta	State GA	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		[MEMO ITEM] Toner Cartridges
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 224.00
City Augusta	State GA	
Purpose of Disbursement Administrative/Salary/Overhead Expenses		[MEMO ITEM] Postage
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Target**

Full Name (Last, First, Middle Initial)  
Rick W. Allen for Congress

Mailing Address 235 Robert C Daniel Junior Parkwa

City Augusta State GA Zip Code 30909

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 10 / 31 / 2014

Amount of Each Disbursement this Period 22.43

Transaction ID : SB17-EX3890

**[MEMO ITEM]**  
Event Supplies

**B. Enmark**

Full Name (Last, First, Middle Initial)

Mailing Address 100 Northside Drive W

City Statesboro State GA Zip Code 30458

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 10 / 31 / 2014

Amount of Each Disbursement this Period 84.50

Transaction ID : SB17-EX3891

**[MEMO ITEM]**  
Fuel

**c. Office Depot**

Full Name (Last, First, Middle Initial)

Mailing Address 3675 Walton Way Extension

City Augusta State GA Zip Code 30909

Purpose of Disbursement Administrative/Salary/Overhead Expenses

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) General 2014

State: District:

Date of Disbursement 10 / 31 / 2014

Amount of Each Disbursement this Period 89.62

Transaction ID : SB17-EX3892

**[MEMO ITEM]**  
Office Supplies

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 155.00
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX3893
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 98.00
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX3894
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 56.91
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : SB17-EX3895
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Office Supplies
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 148	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Johnny Harris Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1651 Victory Drive		Amount of Each Disbursement this Period 333.33
City Savannah State GA Zip Code 31404	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX3896</b>
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Event Catering
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1201 Knox Ave		Amount of Each Disbursement this Period 6.46
City North Augusta State SC Zip Code 29841	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX3897</b>
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Event Costs
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Party 'N' Dollar</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 592 Bobby Jones Expressway		Amount of Each Disbursement this Period 29.55
City Augusta State GA Zip Code 30907	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX3898</b>
Candidate Name	Category/Type 001	<b>[MEMO ITEM]</b> Event Costs
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 148	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. NationBuilder</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>448 S Hill Street #200</b>		Amount of Each Disbursement this Period <b>499.00</b>
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90013</b>
Purpose of Disbursement <b>Administrative/Salary/Overhead Expenses</b>		<b>001</b> Category/Type
Candidate Name		<b>Transaction ID : SB17-EX3899</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>[MEMO ITEM]</b> Campaign Software
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Sunrise Grill</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>3830 Washington Road</b>		Amount of Each Disbursement this Period <b>83.63</b>
City <b>Martinez</b>	State <b>GA</b>	Zip Code <b>30907</b>
Purpose of Disbursement <b>Administrative/Salary/Overhead Expenses</b>		<b>001</b> Category/Type
Candidate Name		<b>Transaction ID : SB17-EX3900</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>[MEMO ITEM]</b> Event Catering
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Kroger</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>4355 Washington Road</b>		Amount of Each Disbursement this Period <b>1.34</b>
City <b>Evans</b>	State <b>GA</b>	Zip Code <b>30809</b>
Purpose of Disbursement <b>Administrative/Salary/Overhead Expenses</b>		<b>001</b> Category/Type
Candidate Name		<b>Transaction ID : SB17-EX3901</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>General 2014</b>	<b>[MEMO ITEM]</b> Event Costs
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Sunoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 12 Ben Carter Road		Amount of Each Disbursement this Period 98.65
City Baxley	State GA Zip Code 31513	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	001	<b>Transaction ID : SB17-EX3902</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	<b>[MEMO ITEM]</b> Fuel
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Zaxby's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2203 Veterans Boulevard		Amount of Each Disbursement this Period 13.26
City Dublin	State GA Zip Code 31021	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	001	<b>Transaction ID : SB17-EX3903</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	<b>[MEMO ITEM]</b> Travel Meal
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Raceway</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1236 Gordon Highway		Amount of Each Disbursement this Period 91.85
City Augusta	State GA Zip Code 30901	
Purpose of Disbursement Administrative/Salary/Overhead Expenses	001	<b>Transaction ID : SB17-EX3904</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	<b>[MEMO ITEM]</b> Fuel
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Lowe's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 224 Bobby Jones Expressway		Amount of Each Disbursement this Period 474.45
City Augusta	State GA	
Zip Code 30907	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX3905</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Yard Sign Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Card Services Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 105025		Amount of Each Disbursement this Period 474.45
City Atlanta	State GA	
Zip Code 30348	Purpose of Disbursement Credit Card Paid by Card Services Center	Transaction ID : <b>SB17-EX3880</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Credit Card Paid by Card Services Center
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Luna Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 200 Main Street		Amount of Each Disbursement this Period 435.45
City Gainesville	State GA	
Zip Code 30501	Purpose of Disbursement Administrative/Salary/Overhead Expenses	Transaction ID : <b>SB17-EX3878</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	[MEMO ITEM] Event Catering
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	474.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 148			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. Card Services Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 105025		Amount of Each Disbursement this Period 39.00
City Atlanta	State GA	Zip Code 30348
Purpose of Disbursement Administrative/Salary/Overhead Expenses		001 Category/Type
Candidate Name		Transaction ID : SB17-EX3879  [MEMO ITEM] Fee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Card Services Center</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address PO Box 105025		Amount of Each Disbursement this Period 448.27
City Atlanta	State GA	Zip Code 30348
Purpose of Disbursement Credit Card: See Below		001 Category/Type
Candidate Name		Transaction ID : SB17-EX3945  Credit Card: See Below
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 57.41
City Augusta	State GA	Zip Code 30909
Purpose of Disbursement Administrative/Salary/Overhead Expenses		001 Category/Type
Candidate Name		Transaction ID : SB17-EX3973  [MEMO ITEM] Office Supplies
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	448.27
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 148	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 18.63
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Administrative/Salary/Overhead Expenses	<b>Transaction ID : SB17-EX3974</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	<b>[MEMO ITEM]</b> Office Supplies
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 147.00
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Administrative/Salary/Overhead Expenses	<b>Transaction ID : SB17-EX3975</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	<b>[MEMO ITEM]</b> Postage
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 3675 Walton Way Extension		Amount of Each Disbursement this Period 4.85
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Administrative/Salary/Overhead Expenses	<b>Transaction ID : SB17-EX3976</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	<b>[MEMO ITEM]</b> Office Supplies
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. Target**

Full Name (Last, First, Middle Initial)  
Mailing Address 235 Robert C Daniel Junior Parkwa

City Augusta State GA Zip Code 30909

Purpose of Disbursement Administrative/Salary/Overhead Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 15.60

Transaction ID : SB17-EX3977

**[MEMO ITEM]**  
Office Supplies

**B. Enmark**

Full Name (Last, First, Middle Initial)  
Mailing Address 217 US Highway 25 N

City Millen State GA Zip Code 30442

Purpose of Disbursement Administrative/Salary/Overhead Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 54.54

Transaction ID : SB17-EX3978

**[MEMO ITEM]**  
Fuel

**c. Krispy Kreme Doughnuts**

Full Name (Last, First, Middle Initial)  
Mailing Address 2866 Washington Road

City Augusta State GA Zip Code 30909

Purpose of Disbursement Administrative/Salary/Overhead Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 10.93

Transaction ID : SB17-EX3979

**[MEMO ITEM]**  
Food for Volunteers

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 148	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. Shell Oil**

Full Name (Last, First, Middle Initial)  
Mailing Address 3744 Wheeler Road

City Augusta State GA Zip Code 30909

Purpose of Disbursement Administrative/Salary/Overhead Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17-EX3980

**[MEMO ITEM]**  
Fuel

**B. Parker's**

Full Name (Last, First, Middle Initial)  
Mailing Address 4412 New Jesup Highway

City Brunswick State GA Zip Code 31520

Purpose of Disbursement Administrative/Salary/Overhead Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 61.81

Transaction ID : SB17-EX3981

**[MEMO ITEM]**  
Fuel

**c. Card Services Center**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 105025

City Atlanta State GA Zip Code 30348

Purpose of Disbursement Administrative/Salary/Overhead Expenses  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) General 2014 Debt

State: District:

Date of Disbursement: 11 / 10 / 2014

Amount of Each Disbursement this Period: 2.50

Transaction ID : SB17-EX3982

**[MEMO ITEM]**  
Fees

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 148	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The M Group LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 100 Luna Park Drive #156		Amount of Each Disbursement this Period <b>3269.25</b>
City Alexandria	State VA	Zip Code 22305
Purpose of Disbursement Fundraising Consulting	Category/ Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3855</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Fundraising Consulting
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Georgia Power Co.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 11 / 2014</b>
Mailing Address 96 Annex		Amount of Each Disbursement this Period <b>234.51</b>
City Atlanta	State GA	Zip Code 30396
Purpose of Disbursement Office Utilities	Category/ Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3930</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Office Utilities
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gas South</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address PO Box 530552		Amount of Each Disbursement this Period <b>52.48</b>
City Atlanta	State GA	Zip Code 30353
Purpose of Disbursement Utilities	Category/ Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17-EX3929</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Utilities
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3556.24</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Samuel C. Shepherd</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address 1353 Story Mill Road		Amount of Each Disbursement this Period <b>791.58</b>
City Waynesboro	State GA	
Zip Code 30830	Purpose of Disbursement Net Salary	<b>Transaction ID : SB17-EX3874</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Samuel C. Shepherd</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2014</b>
Mailing Address 1353 Story Mill Road		Amount of Each Disbursement this Period <b>791.58</b>
City Waynesboro	State GA	
Zip Code 30830	Purpose of Disbursement Net Salary	<b>Transaction ID : SB17-EX3937</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Christine Rhodes</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address 3103 Natalie Circle		Amount of Each Disbursement this Period <b>702.39</b>
City Augusta	State GA	
Zip Code 30909	Purpose of Disbursement Net Salary	<b>Transaction ID : SB17-EX3871</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2285.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Christine Rhodes</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 3103 Natalie Circle			Amount of Each Disbursement this Period 702.39	
City Augusta	State GA	Zip Code 30909	Transaction ID : SB17-EX3934	
Purpose of Disbursement Net Salary		Category/ Type 001		
Candidate Name		Net Salary		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Strategic Media Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 1911 North Ft. Myer Drive Suite 400			Amount of Each Disbursement this Period 178181.98	
City Arlington	State VA	Zip Code 22209	Transaction ID : SB17-EX3836	
Purpose of Disbursement Media		Category/ Type 001		
Candidate Name		Media		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Services</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 1911 North Ft. Myer Drive Suite 400			Amount of Each Disbursement this Period 212510.30	
City Arlington	State VA	Zip Code 22209	Transaction ID : SB17-EX3848	
Purpose of Disbursement Media		Category/ Type 001		
Candidate Name		Media		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	391394.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Election Connections Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address PO Box 10866		Amount of Each Disbursement this Period 452.90
City Tallahassee	State FL	Zip Code 32302
Purpose of Disbursement Event Turnout Calls	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3916	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Event Turnout Calls
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anderson Ferguson</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 2004 Talons Lake Drive		Amount of Each Disbursement this Period 403.39
City Statesboro	State GA	Zip Code 30458
Purpose of Disbursement Net Salary	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3868	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Anderson Ferguson</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 2004 Talons Lake Drive		Amount of Each Disbursement this Period 403.39
City Statesboro	State GA	Zip Code 30458
Purpose of Disbursement Net Salary	Category/ Type 001	
Candidate Name	Transaction ID : SB17-EX3931	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Net Salary
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1259.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 148			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Robert M. Saparow</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>480 Gramercy Drive</b>		Amount of Each Disbursement this Period <b>1519.06</b>
City <b>Marietta</b> State <b>GA</b> Zip Code <b>30068</b>	Purpose of Disbursement Net Salary	<b>001</b> Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : <b>SB17-EX3873</b>
Net Salary		

Full Name (Last, First, Middle Initial) <b>B. Robert M. Saparow</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2014</b>
Mailing Address <b>480 Gramercy Drive</b>		Amount of Each Disbursement this Period <b>1519.06</b>
City <b>Marietta</b> State <b>GA</b> Zip Code <b>30068</b>	Purpose of Disbursement Net Salary	<b>001</b> Category/ Type
Candidate Name	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>General 2014 Debt</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : <b>SB17-EX3936</b>
Net Salary		

Full Name (Last, First, Middle Initial) <b>c. Madeline Rogers</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>404 Bloedel Reserve Way</b>		Amount of Each Disbursement this Period <b>428.00</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30907</b>	Purpose of Disbursement Net Salary	<b>001</b> Category/ Type
Candidate Name	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Transaction ID : <b>SB17-EX3872</b>
Net Salary		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3466.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 148			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Madeline Rogers</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 404 Bloedel Reserve Way		Amount of Each Disbursement this Period 428.00
City Augusta	State GA	
Zip Code 30907	Purpose of Disbursement Net Salary	<b>Transaction ID : SB17-EX3935</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014 Debt	Net Salary
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Magellan Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1685 Boxelder Street Suite 300		Amount of Each Disbursement this Period 2850.00
City Louisville	State CO	
Zip Code 80027	Purpose of Disbursement Campaign Survey	<b>Transaction ID : SB17-EX3877</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Campaign Survey
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3278.00
<b>TOTAL</b> This Period (last page this line number only).....	441468.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 114 OF 148	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Richard Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2237 Pickens Rd		Amount of Each Disbursement this Period 64566.23 <b>Transaction ID : SB19A-LP1012</b>
City Augusta	State GA	
Zip Code 30904	Purpose of Disbursement Loan Payment	Category/ Type
Candidate Name <b>Richard Allen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 12	

Full Name (Last, First, Middle Initial) <b>B. Richard Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2237 Pickens Rd		Amount of Each Disbursement this Period 10433.77 <b>Transaction ID : SB19A-LP1013</b>
City Augusta	State GA	
Zip Code 30904	Purpose of Disbursement Conversion of Loan to Contribution	Category/ Type
Candidate Name <b>Richard Allen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 12	

Full Name (Last, First, Middle Initial) <b>c. Richard Allen</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2237 Pickens Rd		Amount of Each Disbursement this Period 175000.00 <b>Transaction ID : SB19A-LP1014</b>
City Augusta	State GA	
Zip Code 30904	Purpose of Disbursement Conversion of Loan to Contribution	Category/ Type
Candidate Name <b>Richard Allen</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: GA District: 12	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 148	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Richard Allen</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2237 Pickens Rd</b>		Amount of Each Disbursement this Period <b>105000.00</b> Transaction ID : <b>SB19A-LP1015</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30904</b>	Purpose of Disbursement Conversion of Loan to Contribution	
Candidate Name <b>Richard Allen</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>GA</b> District: <b>12</b>		

Full Name (Last, First, Middle Initial) <b>B. Richard Allen</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2237 Pickens Rd</b>		Amount of Each Disbursement this Period <b>130000.00</b> Transaction ID : <b>SB19A-LP1016</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30904</b>	Purpose of Disbursement Conversion of Loan to Contribution	
Candidate Name <b>Richard Allen</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>GA</b> District: <b>12</b>		

Full Name (Last, First, Middle Initial) <b>c. Richard Allen</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>2237 Pickens Rd</b>		Amount of Each Disbursement this Period <b>20000.00</b> Transaction ID : <b>SB19A-LP1017</b>
City <b>Augusta</b> State <b>GA</b> Zip Code <b>30904</b>	Purpose of Disbursement Conversion of Loan to Contribution	
Candidate Name <b>Richard Allen</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>GA</b> District: <b>12</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>255000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>505000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 148	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ICE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address 9158 E Staring Lane		Amount of Each Disbursement this Period 1000.00
City Eden Prairie	State MN Zip Code 55347	
Purpose of Disbursement Contribution Refund to MCPC	Candidate Name	<b>Transaction ID : SB20c-CR3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Contribution Refund

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

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

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 10 / D 11 / Y 2011 M 01 / D 08 / Y 2012 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 50000.00  
**TOTALS** This Period (last page in this line only)..... ▶

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

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

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

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN2

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

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

**TERMS**

Date Incurred: M 12 / D 31 / Y 2011  
Date Due: M 01 / D 08 / Y 2013  
Interest Rate: 0.00 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 30000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN3

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

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

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 30 / Y 2012 M 01 / D 08 / Y 2013 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 20000.00  
**TOTALS** This Period (last page in this line only)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN5

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

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

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07 / D 11 / Y 2012

M 01 / D 01 / Y 2013

0.00 % (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... 150000.00  
**TOTALS** This Period (last page in this line only).....

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



# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN7

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2012

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
250000 .00 250000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

08

02

2012

01

01

2013

0.00

% (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)..... 250000.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN13

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
80000 30000.00 50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

03

31

2014

01

01

2015

0.00

% (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

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

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1013

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary  
 General  
 Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
200000 .00 200000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M 04 / D 24 / Y 2014 M 01 / D 01 / Y 2015 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... 200000.00  
**TOTALS** This Period (last page in this line only).....

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1014

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
75000 75000.00 .00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 05 /

D 22 /

Y 2014 Y

M 01 /

D 01 /

Y 2015 Y

0.00 % (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1015

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
175000 175000.00 .00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

08

27

2014

01

01

2015

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... ▶ [ ] 0.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1016

Rick W. Allen for Congress

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

**[PERSONAL FUNDS]**

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
105000 105000.00 .00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10

02

2014

01

01

2015

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... 0.00

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

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1017

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
130000 130000.00 .00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10 / 10 / 2014

10 / 01 / 2015

01 / 01 / 2015

0.00

% (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... 0.00  
**TOTALS** This Period (last page in this line only).....

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1018

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
110000 20000.00 90000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10

20

2014

01

01

2015

0.00

% (apr)

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... 90000.00

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

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



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10-LN1019

Rick W. Allen for Congress

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

[PERSONAL FUNDS]

Election: 2014

Richard Allen

Primary

General

Other (specify) ▼

Mailing Address  
2237 Pickens Rd

City State ZIP Code  
Augusta GA 30904

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
160000 .00 160000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

10

27

2014

01

01

2015

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

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

**SUBTOTALS** This Period This Page (optional)..... 160000.00  
**TOTALS** This Period (last page in this line only)..... 1000000.00

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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**SCM Associates Inc.**

Mailing Address PO Box 254

City State Zip Code  
Dublin NH 03444

Nature of Debt (Purpose):  
Invoice: Direct Mail

Outstanding Balance Beginning This Period Transaction ID : SD9-INV3666

-1221.16

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

.00 .00 .00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	0.00
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 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Black Rock Group LLC</b>		Nature of Debt (Purpose): Invoice: Media Consulting
Mailing Address 66 Canal Center Plaza Suite 555		
City State	Zip Code	
Alexandria VA	22314	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3757	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="7487.40"/>	<input type="text" value=".00"/>	<input type="text" value="7487.40"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DigitalXpress Printing</b>		Nature of Debt (Purpose): Invoice: Invitation Printing
Mailing Address 2211 Beaver Ruin Road Ste 170		
City State	Zip Code	
Norcross GA	30071	

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3765	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2901.92"/>	<input type="text" value=".00"/>	<input type="text" value="2901.92"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DigitalXpress Printing</b>		Nature of Debt (Purpose): Invoice: Invitation Printing
Mailing Address 2211 Beaver Ruin Road Ste 170		
City	State	Zip Code
Norcross	GA	30071

Outstanding Balance Beginning This Period	Transaction ID : SD10-INV3766	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="727.12"/>	<input type="text" value=".00"/>	<input type="text" value="727.12"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="11116.44"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DigitalXpress Printing**

Nature of Debt (Purpose):  
Invoice: Invitation Printing

Mailing Address 2211 Beaver Ruin Road Ste 170

City State Zip Code  
Norcross GA 30071

Outstanding Balance Beginning This Period

Transaction ID : SD10-INV3768

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

**Public Opinion Strategies**

Nature of Debt (Purpose):  
Invoice: Poll

Mailing Address 214 N Fayette St

City State Zip Code  
Alexandria VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD10-INV3792

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

**Southern Beverage Outlet**

Nature of Debt (Purpose):  
Invoice: Event Costs

Mailing Address 248 Bobby Jones Expressway

City State Zip Code  
Augusta GA 30907

Outstanding Balance Beginning This Period

Transaction ID : SD10-INV3836

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) ▶

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 133 OF 148
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Exxon Mobil</b>	Nature of Debt (Purpose): Invoice: Fuel
Mailing Address 16096 S Highway 11	
City State Zip Code Fair Play SC 29643	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3837</b>	
Amount Incurred This Period <input type="text" value="2.97"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="2.97"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Fresh Market</b>	Nature of Debt (Purpose): Invoice: Event Costs
Mailing Address 2701 Washington Road	
City State Zip Code Augusta GA 30909	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3838</b>	
Amount Incurred This Period <input type="text" value="12.46"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="12.46"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Office Depot</b>	Nature of Debt (Purpose): Invoice: Office Supplies
Mailing Address 3675 Walton Way Extension	
City State Zip Code Augusta GA 30909	

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3839</b>	
Amount Incurred This Period <input type="text" value="166.48"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="166.48"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="181.91"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 134 OF 148
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Office Depot</b>		Nature of Debt (Purpose): Invoice: Office Supplies
Mailing Address 3675 Walton Way Extension		
City	State	Zip Code
Augusta	GA	30909

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3840</b>	
Amount Incurred This Period <input type="text" value="225.78"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="225.78"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Walmart</b>		Nature of Debt (Purpose): Invoice: Office Supplies
Mailing Address 1201 Knox Ave		
City	State	Zip Code
North Augusta	SC	29841

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3842</b>	
Amount Incurred This Period <input type="text" value="14.28"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="14.28"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Office Depot</b>		Nature of Debt (Purpose): Invoice: Office Supplies
Mailing Address 3675 Walton Way Extension		
City	State	Zip Code
Augusta	GA	30909

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3841</b>	
Amount Incurred This Period <input type="text" value="248.40"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="248.40"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="488.46"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 135 OF 148
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>USPS</b>		Nature of Debt (Purpose): Invoice: Postage
Mailing Address 525 8th St		
City	State	Zip Code
Augusta	GA	30901

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3843</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="234.00"/>	<input type="text" value=".00"/>	<input type="text" value="234.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Shell Oil</b>		Nature of Debt (Purpose): Invoice: Fuel
Mailing Address 3744 Wheeler Road		
City	State	Zip Code
Augusta	GA	30909

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3844</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="88.11"/>	<input type="text" value=".00"/>	<input type="text" value="88.11"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Holiday Inn</b>		Nature of Debt (Purpose): Invoice: Lodging
Mailing Address 455 Commerce Drive		
City	State	Zip Code
Statesboro	GA	30461

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3845</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="133.34"/>	<input type="text" value=".00"/>	<input type="text" value="133.34"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="455.45"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**DigitalXpress Printing**

Nature of Debt (Purpose):  
Invoice: Invitation Printing

Mailing Address 2211 Beaver Ruin Road Ste 170

City State Zip Code  
Norcross GA 30071

Outstanding Balance Beginning This Period  
.00

Transaction ID : SD10-INV3766

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
1804.28 .00 1804.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Jet Foods**

Nature of Debt (Purpose):  
Invoice: Fuel

Mailing Address 3939 E. Main Street

City State Zip Code  
Soperton GA 30457

Outstanding Balance Beginning This Period  
.00

Transaction ID : SD10-INV3846

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
75.00 .00 75.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Shell Oil**

Nature of Debt (Purpose):  
Invoice: Fuel

Mailing Address 3744 Wheeler Road

City State Zip Code  
Augusta GA 30909

Outstanding Balance Beginning This Period  
.00

Transaction ID : SD10-INV3847

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
66.50 .00 66.50

- 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) ▶

1945.78



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The Cloister**

Nature of Debt (Purpose):  
Invoice: Lodging

Mailing Address 100 Cloister Drive

City State Zip Code  
Sea Island GA 31561

Outstanding Balance Beginning This Period  
[ ] .00

Transaction ID : SD10-INV3848

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
[ ] 3841.06 [ ] .00 [ ] 3841.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Capitol Response**

Nature of Debt (Purpose):  
Invoice: FEC Compliance Consulting

Mailing Address 2700 Cumberland Parkway Suite 150

City State Zip Code  
Atlanta GA 30339

Outstanding Balance Beginning This Period  
[ ] .00

Transaction ID : SD10-INV3760

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
[ ] 1750.00 [ ] .00 [ ] 1750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Capitol Strategy Group**

Nature of Debt (Purpose):  
Invoice: Fundraising Consulting

Mailing Address 2700 Cumberland Pkwy Ste 150

City State Zip Code  
Atlanta GA 30339

Outstanding Balance Beginning This Period  
[ ] .00

Transaction ID : SD10-INV3761

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period  
[ ] 5031.89 [ ] .00 [ ] 5031.89

- 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) ▶

[ ] 10622.95  
[ ]  
[ ]  
[ ]

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Edgars Grille</b>	Nature of Debt (Purpose): Invoice: Event Expenses
Mailing Address 3165 Washington Road	
City State Zip Code Augusta GA 30907	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID : SD10-INV3769</b>	
Amount Incurred This Period [ 3888.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 3888.00 ]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Air Charter Team Inc.</b>	Nature of Debt (Purpose): Invoice: Travel for Ryan Event
Mailing Address 4151 N. Mulberry Drive Suite 250	
City State Zip Code Kansas City MO 64116	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID : SD10-INV3806</b>	
Amount Incurred This Period [ 2943.08 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 2943.08 ]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>NationBuilder</b>	Nature of Debt (Purpose): Invoice: Computer Software
Mailing Address 448 S Hill Street #200	
City State Zip Code Los Angeles CA 90013	

Outstanding Balance Beginning This Period [ .00 ]	<b>Transaction ID : SD10-INV3849</b>	
Amount Incurred This Period [ 499.00 ]	Payment This Period [ .00 ]	Outstanding Balance at Close of This Period [ 499.00 ]

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	[ 7330.08 ]
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Cline X Design**

Mailing Address 1977 Dibble Rd

City State Zip Code  
Aiken SC 29801

Nature of Debt (Purpose):  
Invoice: Photography

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3763**

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  
**Party 'N' Dollar**

Mailing Address 592 Bobby Jones Expressway

City State Zip Code  
Augusta GA 30907

Nature of Debt (Purpose):  
Invoice: Event Supplies

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3850**

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  
**Southern Beverage Outlet**

Mailing Address 248 Bobby Jones Expressway

City State Zip Code  
Augusta GA 30907

Nature of Debt (Purpose):  
Invoice: Event Costs

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3851**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="711.83"/>
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 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Push Digital</b>		Nature of Debt (Purpose): Invoice: Website - November
Mailing Address PO Box 7431		
City	State	Zip Code
Columbia	SC	29202

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3798</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2000.00"/>	<input type="text" value=".00"/>	<input type="text" value="2000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Richard &amp; Delores Des Reis</b>		Nature of Debt (Purpose): Invoice: Campaign Office Rent - November
Mailing Address 748 Jones Creek		
City	State	Zip Code
Augusta	GA	30907

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3799</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1700.00"/>	<input type="text" value=".00"/>	<input type="text" value="1700.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Rhinehart's Oyster Bar</b>		Nature of Debt (Purpose): Invoice: Event Catering
Mailing Address 3051 Washington Road		
City	State	Zip Code
Augusta	GA	30909

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3852</b>	
<input type="text" value=".00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="274.88"/>	<input type="text" value=".00"/>	<input type="text" value="274.88"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="3974.88"/>
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 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Staples</b>		Nature of Debt (Purpose): Invoice: Office Supplies
Mailing Address 246 Robert C. Daniels Jr. Pkwy		
City	State	Zip Code
Augusta	GA	30909

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3853</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
19.41	.00	19.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Shane's Rib Shack</b>		Nature of Debt (Purpose): Invoice: Event Catering
Mailing Address 4446 Washington Road Suite 1		
City	State	Zip Code
Evans	GA	30809

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3854</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1002.00	.00	1002.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Party City</b>		Nature of Debt (Purpose): Invoice: Event Costs
Mailing Address 249 Robert C Daniel Jr Pkwy		
City	State	Zip Code
Augusta	GA	30909

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-INV3855</b>	
.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
29.76	.00	29.76

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1051.17
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Air Charter Team Inc.**

Nature of Debt (Purpose):  
Invoice: Travel for McCarthy Event

Mailing Address 4151 N. Mulberry Drive  
Suite 250

City State Zip Code  
Kansas City MO 64116

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3807

Amount Incurred This Period

3922.21

Payment This Period

.00

Outstanding Balance at Close of This Period

3922.21

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Hilton Garden Inn**

Nature of Debt (Purpose):  
Invoice: Event Costs

Mailing Address 1065 Stevens Creek Road

City State Zip Code  
Augusta GA 30907

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3856

Amount Incurred This Period

3000.00

Payment This Period

.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Hilton Garden Inn**

Nature of Debt (Purpose):  
Invoice: Event Costs

Mailing Address 1065 Stevens Creek Road

City State Zip Code  
Augusta GA 30907

Outstanding Balance Beginning This Period

.00

Transaction ID : SD10-INV3857

Amount Incurred This Period

50.00

Payment This Period

.00

Outstanding Balance at Close of This Period

50.00

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

6972.21

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) ▶

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Card Services Center**

Nature of Debt (Purpose):  
Invoice: Annual Fee

Mailing Address PO Box 105025

City State Zip Code  
Atlanta GA 30348

Outstanding Balance Beginning This Period  
[ .00 ]

Transaction ID : SD10-INV3858

Amount Incurred This Period [ 15.00 ] Payment This Period [ .00 ] Outstanding Balance at Close of This Period [ 15.00 ]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Card Services Center**

Nature of Debt (Purpose):  
Invoice: Fees

Mailing Address PO Box 105025

City State Zip Code  
Atlanta GA 30348

Outstanding Balance Beginning This Period  
[ .00 ]

Transaction ID : SD10-INV3859

Amount Incurred This Period [ 39.00 ] Payment This Period [ .00 ] Outstanding Balance at Close of This Period [ 39.00 ]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Candidate Command LLC**

Nature of Debt (Purpose):  
Invoice: Phone Calls

Mailing Address 1420 NW Vivion Ste 113

City State Zip Code  
Kansas City MO 64118

Outstanding Balance Beginning This Period  
[ .00 ]

Transaction ID : SD10-INV3759

Amount Incurred This Period [ 319.23 ] Payment This Period [ .00 ] Outstanding Balance at Close of This Period [ 319.23 ]

- 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) ▶

[ 373.23 ]  
[ ]  
[ ]  
[ ]

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**William Wheat**

Mailing Address PO Box 944

City State Zip Code  
 Langley SC 29834

Nature of Debt (Purpose):  
 Invoice: Net Win Bonus

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3790**

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  
**Lauren Swing**

Mailing Address 807 Saint Andrews Drive

City State Zip Code  
 Augusta GA 30909

Nature of Debt (Purpose):  
 Invoice: Net Win Bonus

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3791**

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  
**Internal Revenue Service**

Mailing Address IRS Payment Center

City State Zip Code  
 Ogden UT 84201

Nature of Debt (Purpose):  
 Invoice: Taxes on Win Bonuses

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3912**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="20000.00"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 145 OF 148
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Gober Hilgers PLLC</b>		Nature of Debt (Purpose): Invoice: Legal Fees
Mailing Address 2101 Cedar Springs Rd #1050		
City	State	Zip Code
Dallas	TX	75201

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3780</b>	
Amount Incurred This Period <input type="text" value="322.50"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="322.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Right Path Strategic Affairs</b>		Nature of Debt (Purpose): Invoice: Win Bonus
Mailing Address 3960 Rolling Hills Drive		
City	State	Zip Code
Cumming	GA	30041

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3800</b>	
Amount Incurred This Period <input type="text" value="25000.00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="25000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Right Path Strategic Affairs</b>		Nature of Debt (Purpose): Invoice: Campaign consulting
Mailing Address 3960 Rolling Hills Drive		
City	State	Zip Code
Cumming	GA	30041

Outstanding Balance Beginning This Period <input type="text" value=".00"/>	<b>Transaction ID : SD10-INV3801</b>	
Amount Incurred This Period <input type="text" value="10000.00"/>	Payment This Period <input type="text" value=".00"/>	Outstanding Balance at Close of This Period <input type="text" value="10000.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="35322.50"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Capitol Strategy Group**

Mailing Address 2700 Cumberland Pkwy Ste 150

City State Zip Code  
 Atlanta GA 30339

Nature of Debt (Purpose):  
 Invoice: Fundraising Consulting

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3762**

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  
**Tactical Communications Solutions**

Mailing Address 428 Collier Road NW

City State Zip Code  
 Atlanta GA 30309

Nature of Debt (Purpose):  
 Invoice: Communications Consulting Fee

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3802**

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  
**Tactical Communications Solutions**

Mailing Address 428 Collier Road NW

City State Zip Code  
 Atlanta GA 30309

Nature of Debt (Purpose):  
 Invoice: Win Bonus

Outstanding Balance Beginning This Period  **Transaction ID : SD10-INV3803**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="54000.00"/>
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 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Strategic Advance Services LLC**

Nature of Debt (Purpose):  
Invoice: Travel for Boehner Event

Mailing Address 611 Pennsylvania Avenue SE #267

City State Zip Code  
Washington DC 20003

Outstanding Balance Beginning This Period  
[ .00 ]

Transaction ID : SD10-INV3758

Amount Incurred This Period [ 4000.00 ] Payment This Period [ .00 ] Outstanding Balance at Close of This Period [ 4000.00 ]

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Push Digital**

Nature of Debt (Purpose):  
Invoice: Email Marketing

Mailing Address PO Box 7431

City State Zip Code  
Columbia SC 29202

Outstanding Balance Beginning This Period  
[ .00 ]

Transaction ID : SD10-INV3797

Amount Incurred This Period [ 739.43 ] Payment This Period [ .00 ] Outstanding Balance at Close of This Period [ 739.43 ]

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**The M Group LLC**

Nature of Debt (Purpose):  
Invoice: Fundraising Fee

Mailing Address 100 Luna Park Drive #156

City State Zip Code  
Alexandria VA 22305

Outstanding Balance Beginning This Period  
[ .00 ]

Transaction ID : SD10-INV3805

Amount Incurred This Period [ 15360.00 ] Payment This Period [ .00 ] Outstanding Balance at Close of This Period [ 15360.00 ]

- 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) ▶

[ 20099.43 ]  
[ ]  
[ ]  
[ ]

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Rick W. Allen for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Gober Hilgers PLLC**

Mailing Address 2101 Cedar Springs Rd #1050

City State Zip Code  
 Dallas TX 75201

Nature of Debt (Purpose):  
 Invoice: Legal Fees

Outstanding Balance Beginning This Period <input type="text" value=""/>	<b>Transaction ID : SD10-INV3820</b>	
<input type="text" value="00"/>		
Amount Incurred This Period <input type="text" value="70.00"/>	Payment This Period <input type="text" value="00"/>	Outstanding Balance at Close of This Period <input type="text" value="70.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period <input type="text" value=""/>		
<input type="text" value=""/>		
Amount Incurred This Period <input type="text" value=""/>	Payment This Period <input type="text" value=""/>	Outstanding Balance at Close of This Period <input type="text" value=""/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period <input type="text" value=""/>		
<input type="text" value=""/>		
Amount Incurred This Period <input type="text" value=""/>	Payment This Period <input type="text" value=""/>	Outstanding Balance at Close of This Period <input type="text" value=""/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="70.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="191524.56"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="1000000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1191524.56"/>