

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
BLACK REPUBLICAN PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		5067.27
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	10181.44									
(c) Total Receipts (from Line 19)	221824.82	405165.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	232006.26	410232.64								
7. Total Disbursements (from Line 31)	208693.36	386919.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23312.90	23312.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	87417.70									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
BLACK REPUBLICAN PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	46798.48	77478.48
(ii) Unitemized	175026.34	327686.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)	221824.82	405165.37
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	221824.82	405165.37
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	221824.82	405165.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	221824.82	405165.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	200693.36	373837.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	200693.36	373837.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	4000.00	9082.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	208693.36	386919.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	208693.36	386919.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	221824.82	405165.37
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	221824.82	405165.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	200693.36	373837.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	200693.36	373837.74

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 136

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
REV HOMER V BAILES 712

Mailing Address 1214 NORMAY RAY DR

City State Zip Code
RUSTON LA 71270

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

Name of Employer Occupation
CLERGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.73363

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES H BAKER 617

Mailing Address 1906 OWENS DR

City State Zip Code
BLOOMINGTON IL 61701

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.73384

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES H BAKER 617

Mailing Address 1906 OWENS DR

City State Zip Code
BLOOMINGTON IL 61701

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.73383

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR CECIL BARNETT 402

Mailing Address 126 INDIAN HILLS TRL

City State Zip Code
LOUISVILLE KY 40207

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

Name of Employer Occupation
ALGOOD FOOD CO PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2009

Transaction ID: SA11AI.73428

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
MR JAMES BAYMAN 440

Mailing Address 1760 COUNTY LINE RD

City State Zip Code
GATES MILLS OH 44040

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2009

Transaction ID: SA11AI.73508

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR GEORGE R BEAN 207

Mailing Address 5000 LYDIANNA LN APT 120

City State Zip Code
SUITLAND MD 20746

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2009

Transaction ID: SA11AI.73514

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR GEORGE R BEAN 207

Mailing Address 5000 LYDIANNA LN APT 120

City State Zip Code
SUITLAND MD 20746

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **08 / 05 / 2009**

Transaction ID: SA11AI.73513

Amount of Each Receipt this Period **100.00**

B.

Full Name (Last, First, Middle Initial)
SARAH E BLAKE 432

Mailing Address 914 NEIL AVE

City State Zip Code
COLUMBUS OH 43215

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 11 / 2009**

Transaction ID: SA11AI.73757

Amount of Each Receipt this Period **250.00**

C.

Full Name (Last, First, Middle Initial)
SARAH E BLAKE 432

Mailing Address 914 NEIL AVE

City State Zip Code
COLUMBUS OH 43215

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 29 / 2009**

Transaction ID: SA11AI.73758

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional) ► **400.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 9 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR C GEORGE BOULANGER 883
Mailing Address 600 IRIS ST

City State Zip Code
TULAROSA NM 88352

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.73879
 Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR C GEORGE BOULANGER 883
Mailing Address 600 IRIS ST

City State Zip Code
TULAROSA NM 88352

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.00

Date of Receipt

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

Transaction ID: SA11AI.73880
 Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
MS FUMIE BOYCE 985
Mailing Address 4532 INTELCO LOOP SE APT 354

City State Zip Code
LACEY WA 98503

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

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

Transaction ID: SA11AI.73909
 Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **195.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 10 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR JOHN BRANDT 557

Mailing Address 2129 12TH AVENUE E

City State Zip Code
HIBBING MN 55746

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	9

Transaction ID: SA11AI.73939

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR HAROLD L BRANDT 992

Mailing Address 4224 E PRAIRIE LANE CT

City State Zip Code
SPOKANE WA 99223

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.73941

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
MR CARL BREITMAN 900

Mailing Address 400 S BURNSIDE AVE APT 7G

City State Zip Code
LOS ANGELES CA 90036

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: SA11AI.73965

Amount of Each Receipt this Period

110.00

SUBTOTAL of Receipts This Page (optional) ▶

235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS VIRGINIA W BROWN 201

Mailing Address 828 VAN BUREN ST

City HERNDON State VA Zip Code 20170

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
12 / 11 / 2009

Transaction ID: SA11AI.74036

Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
MR ELDON L BROWN 660

Mailing Address 33959 CEDAR NILES RD

City PAOLA State KS Zip Code 66071

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY
07 / 17 / 2009

Transaction ID: SA11AI.74061

Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
MRS EMMA BROWNING 787

Mailing Address PO BOX 609

City AUSTIN State TX Zip Code 78767

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY
10 / 27 / 2009

Transaction ID: SA11AI.74073

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 575.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MS ELIZABETH BRYDEN 100
Mailing Address 1 W 67TH ST APT 611
City NEW YORK State NY Zip Code 10023
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00
Date of Receipt 11 / 16 / 2009
Transaction ID: SA11AI.74110
Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
MR DARRELL BUTTERWICK 551
Mailing Address PO BOX 25604
City WOODBURY State MN Zip Code 55125
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation CONSULTANT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 09 / 17 / 2009
Transaction ID: SA11AI.74229
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR DARRELL BUTTERWICK 551
Mailing Address PO BOX 25604
City WOODBURY State MN Zip Code 55125
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation CONSULTANT
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 235.00
Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI.74232
Amount of Each Receipt this Period 25.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR DARRELL BUTTERWICK 551

Mailing Address PO BOX 25604

City State Zip Code
WOODBURY MN 55125

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

Name of Employer Occupation
SELF EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **12 / 30 / 2009**

Transaction ID: SA11AI.74230

Amount of Each Receipt this Period **20.00**

B. Full Name (Last, First, Middle Initial)
JOHN A CABLE 238

Mailing Address PO BOX 1300

City State Zip Code
CHESTERFIELD VA 23832

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 01 / 2009**

Transaction ID: SA11AI.74256

Amount of Each Receipt this Period **100.00**

C. Full Name (Last, First, Middle Initial)
MR GERALD T CARDEN 372

Mailing Address 617 LYNNWOOD BLVD

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer Occupation
CARDEN & CHERRY ADVERTISING INC PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 25 / 2009**

Transaction ID: SA11AI.74325

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional) **320.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR JACK CARMICHAEL 782
 Mailing Address 8101 QUEBEC DR
 City State Zip Code
 SAN ANTONIO TX 78239
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.74334
 Amount of Each Receipt this Period
 200.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

B. Full Name (Last, First, Middle Initial)
MR R M CARPENTER 197, III
 Mailing Address PO BOX 732
 City State Zip Code
 MONTCHANIN DE 19710
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.74342
 Amount of Each Receipt this Period
 200.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INVESTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT CASSILLY 210
 Mailing Address 306 MAUSER DR
 City State Zip Code
 BEL AIR MD 21015
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 9 / 2 0 0 9
Transaction ID: SA11AI.74422
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional) ► 550.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR FRANCOIS A CAVANAGH 930
Mailing Address 1131 DEVONSHIRE DR

City State Zip Code
OXNARD CA 93030

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 08 / 18 / 2009
Transaction ID: SA11AI.74454
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MRS JEANNE C CIHA 436
Mailing Address 1506 CRESTWOOD RD

City State Zip Code
TOLEDO OH 43612

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt: 07 / 09 / 2009
Transaction ID: SA11AI.74531
Amount of Each Receipt this Period: 53.00

C. Full Name (Last, First, Middle Initial)
MRS JEANNE C CIHA 436
Mailing Address 1506 CRESTWOOD RD

City State Zip Code
TOLEDO OH 43612

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 328.00

Date of Receipt: 08 / 07 / 2009
Transaction ID: SA11AI.74532
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► 228.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 16 / 136

(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS JEANNE C CIHA 436

Mailing Address 1506 CRESTWOOD RD

City State Zip Code
TOLEDO OH 43612

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	9

Transaction ID: SA11AI.74527

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS JEANNE C CIHA 436

Mailing Address 1506 CRESTWOOD RD

City State Zip Code
TOLEDO OH 43612

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
428.00

Date of Receipt

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

Transaction ID: SA11AI.74528

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MRS JEANNE C CIHA 436

Mailing Address 1506 CRESTWOOD RD

City State Zip Code
TOLEDO OH 43612

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
478.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: SA11AI.74530

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

150.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS JEANNE C CIHA 436
Mailing Address 1506 CRESTWOOD RD
City TOLEDO State OH Zip Code 43612
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 528.00
Date of Receipt 12 / 24 / 2009
Transaction ID: SA11AI.74529
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR CHARLES CLINTON 152, JR
Mailing Address 5103 MORNINGRISE DR
City PITTSBURGH State PA Zip Code 15236
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 12 / 15 / 2009
Transaction ID: SA11AI.74602
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
MR EUGENE COOK 719
Mailing Address 202 SHAWNEE ST
City HOT SPRINGS State AR Zip Code 71901
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation RECYCLING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 20 / 2009
Transaction ID: SA11AI.74703
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 180.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS ELAINE COOPER 902

Mailing Address 14944 LA CUMBRE DR

City State Zip Code
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.74718

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS COURTNEY 750

Mailing Address 906 PEBBLEBROOK DR

City State Zip Code
ALLEN TX 75002

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 251.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.74778

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS COURTNEY 750

Mailing Address 906 PEBBLEBROOK DR

City State Zip Code
ALLEN TX 75002

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 301.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.74777

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MRS BETTY R CRAWFORD 527	Date of Receipt MM / DD / YYYY 10 / 27 / 2009
	Mailing Address 2505 IMPERIAL OAKS DR	Transaction ID: SA11AI.74813
	City State Zip Code MUSCATINE IA 52761	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PLU MOR LANES BOWLING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DR ANDREW CROOK 950	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 2600 CASTELLO WAY	Transaction ID: SA11AI.74836
	City State Zip Code SANTA CLARA CA 95051	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LOCKHEED MARTIN ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) MR MICHAEL G DAMONE 483	Date of Receipt MM / DD / YYYY 08 / 13 / 2009
	Mailing Address 3418 BLOSSOM LN	Transaction ID: SA11AI.74901
	City State Zip Code BLOOMFIELD HILLS MI 48302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation THE DAMONE GROUP OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation
NONE NOT EMPLOYED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3600.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2009

Transaction ID: SA11AI.74931

Amount of Each Receipt this Period

1800.00

B.

Full Name (Last, First, Middle Initial)
MRS MARJORIE DAVIS 043

Mailing Address 6 HUCKLEBERRY LN

City State Zip Code
AUGUSTA ME 04330

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

Name of Employer Occupation
NONE NOT EMPLOYED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 4300.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 01 / 2009

Transaction ID: SA11AI.74930

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)
KENT R DAVIS 370

Mailing Address 505 SKYHAWK PL

City State Zip Code
FRANKLIN TN 37064

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2009

Transaction ID: SA11AI.74939

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
KENT R DAVIS 370
Mailing Address 505 SKYHAWK PL
City FRANKLIN State TN Zip Code 37064
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 16 / 2009
Transaction ID: SA11AI.74940
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
MR R GARDNER DICKINSON 330
Mailing Address 4008 JEFFERSON ST
City HOLLYWOOD State FL Zip Code 33021
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 09 / 04 / 2009
Transaction ID: SA11AI.75095
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MR R GARDNER DICKINSON 330
Mailing Address 4008 JEFFERSON ST
City HOLLYWOOD State FL Zip Code 33021
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 12 / 28 / 2009
Transaction ID: SA11AI.75097
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR LAURENCE J DINGLE 440

Mailing Address 16800 KNOLLS WAY

City State Zip Code
CHAGRIN FALLS OH 44023

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
206.00

Date of Receipt

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

Transaction ID: SA11AI.75144

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM DONOVAN 106

Mailing Address 24 CLUB POINTE DR

City State Zip Code
WHITE PLAINS NY 10605

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.75196

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR ESMAIEL DOOSTMARD 926

Mailing Address 2118 PORT DURNESS PL

City State Zip Code
NEWPORT BEACH CA 92660

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

Name of Employer Occupation
SELF EMPLOYED HAIRSTYLIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11AI.75201

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

280.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
ELIZABETH DOPOULOS 442

Mailing Address 3839 WEYMOUTH WOODS DR

City State Zip Code
MEDINA OH 44256

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.75203

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD DYER 941

Mailing Address 124 SANTA CLARA AVE

City State Zip Code
SAN FRANCISCO CA 94127

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Transaction ID: SA11AI.75312

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD DYER 941

Mailing Address 124 SANTA CLARA AVE

City State Zip Code
SAN FRANCISCO CA 94127

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	9

Transaction ID: SA11AI.75311

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

290.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR RICHARD DYER 941

Mailing Address 124 SANTA CLARA AVE

City State Zip Code
SAN FRANCISCO CA 94127

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
M M / D D / Y Y Y Y Y
09 21 2009

Transaction ID: SA11AI.75310

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD DYER 941

Mailing Address 124 SANTA CLARA AVE

City State Zip Code
SAN FRANCISCO CA 94127

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 20 2009

Transaction ID: SA11AI.75313

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
MR EDWARD C EMMA 531

Mailing Address 1144 SIENA CIR

City State Zip Code
LAKE GENEVA WI 53147

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 28 2009

Transaction ID: SA11AI.75446

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 25 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR WILLIAM R ENGEL 501
Mailing Address 7059 COBURN LN

City State Zip Code
JOHNSTON IA 50131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.75463

Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM R ENGEL 501
Mailing Address 7059 COBURN LN

City State Zip Code
JOHNSTON IA 50131

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: MM / DD / YYYY
12 / 04 / 2009

Transaction ID: SA11AI.75462

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL H FINNELL 910
Mailing Address 625 FAIR OAKS AVE STE 288

City State Zip Code
S PASADENA CA 91030

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

Name of Employer NONE Occupation SELF EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
07 / 13 / 2009

Transaction ID: SA11AI.75639

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
DR JOHN R FISHER 441

Mailing Address 3170 W 52ND ST

City State Zip Code
CLEVELAND OH 44102

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

Name of Employer Occupation
UNIV HOSP OF CLEVELAND PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 01 / 2009**

Transaction ID: SA11AI.75649

Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial)
ADM & MRS R FREEMAN 231, III

Mailing Address 1901 PATRIOTS COLONY DR

City State Zip Code
WILLIAMSBURG VA 23188

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

Name of Employer Occupation
US MILITARY OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 24 / 2009**

Transaction ID: SA11AI.75771

Amount of Each Receipt this Period **45.00**

C. Full Name (Last, First, Middle Initial)
MRS VERA E FRIEND 852

Mailing Address 542 S HIGLEY RD UNIT 10

City State Zip Code
MESA AZ 85206

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **11 / 20 / 2009**

Transaction ID: SA11AI.75790

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional) ► **245.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR JERROLD GAMER 983

Mailing Address 223 SCENIC VW

City State Zip Code
PORT LUDLOW WA 98365

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.75857

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
DARRELL GARNER 945

Mailing Address 605 FILBERT CT

City State Zip Code
SAN RAMON CA 94583

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

Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.75883

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
DARRELL GARNER 945

Mailing Address 605 FILBERT CT

City State Zip Code
SAN RAMON CA 94583

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

Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.75881

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **100.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 28 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
DARRELL GARNER 945

Mailing Address 605 FILBERT CT

City State Zip Code
SAN RAMON CA 94583

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

Name of Employer Occupation
SELF EMPLOYED INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.75882

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR VIRGIL GOOSSEN 936

Mailing Address 38951 ROAD 56

City State Zip Code
DINUBA CA 93618

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.76045

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR VIRGIL GOOSSEN 936

Mailing Address 38951 ROAD 56

City State Zip Code
DINUBA CA 93618

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.76047

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) ▶

175.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR CHARLES F GORDER 921, SR

Mailing Address 5526 TOYON RD

City State Zip Code
SAN DIEGO CA 92115

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

Name of Employer Occupation
ALHADEFF & SOLAR L.L.P ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: SA11AI.76050

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
MR CHARLES F GORDER 921, SR

Mailing Address 5526 TOYON RD

City State Zip Code
SAN DIEGO CA 92115

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

Name of Employer Occupation
ALHADEFF & SOLAR L.L.P ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.76049

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MR CHARLES F GORDER 921, SR

Mailing Address 5526 TOYON RD

City State Zip Code
SAN DIEGO CA 92115

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

Name of Employer Occupation
ALHADEFF & SOLAR L.L.P ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.76048

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR FRANK R GRANARA 020
Mailing Address 95 SHRINE RD
City NORWELL State MA Zip Code 02061
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation CO PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.76085
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MR J GRIFFIN 190
Mailing Address 77 MIDDLE RD APT 360
City BRYN MAWR State PA Zip Code 19010
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 07 / 2009
Transaction ID: SA11AI.76170
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
MR J GRIFFIN 190
Mailing Address 77 MIDDLE RD APT 360
City BRYN MAWR State PA Zip Code 19010
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 12 / 24 / 2009
Transaction ID: SA11AI.76169
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 31 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
DONALD GUMPERTZ 916
Mailing Address PO BOX 2450
City TOLUCA LAKE State CA Zip Code 91610
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 08 / 14 / 2009
Transaction ID: SA11AI.76217
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DONALD GUMPERTZ 916
Mailing Address PO BOX 2450
City TOLUCA LAKE State CA Zip Code 91610
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 12 / 07 / 2009
Transaction ID: SA11AI.76218
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARY HALEY 797
Mailing Address PO BOX 163
City MENTONE State TX Zip Code 79754
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation RANCHER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 09 / 25 / 2009
Transaction ID: SA11AI.76280
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 32 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS RUTH LINNEA HALLAS 277
Mailing Address 9 GARRETSON CT

City State Zip Code
DURHAM NC 27705

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt: 11 / 30 / 2009
Transaction ID: SA11AI.76296
Amount of Each Receipt this Period: 26.00

B. Full Name (Last, First, Middle Initial)
MR J KERN HAMILTON 950
Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code
LOS GATOS CA 95032

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.76312
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR J KERN HAMILTON 950
Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code
LOS GATOS CA 95032

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 401.00

Date of Receipt: 11 / 20 / 2009
Transaction ID: SA11AI.76313
Amount of Each Receipt this Period: 151.00

SUBTOTAL of Receipts This Page (optional) ► 277.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) J L HAYDEN 600	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 352 DEEPWOOD RD	Transaction ID: SA11AI.76459
	City State Zip Code BARRINGTON IL 60010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD J HAYDINGER 080	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 12 PARTRIDGE CT	Transaction ID: SA11AI.76460
	City State Zip Code CHERRY HILL NJ 08003	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIRST MONTGOMERY GROUP MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) MR RICHARD J HAYDINGER 080	Date of Receipt MM / DD / YYYY 09 / 25 / 2009
	Mailing Address 12 PARTRIDGE CT	Transaction ID: SA11AI.76461
	City State Zip Code CHERRY HILL NJ 08003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FIRST MONTGOMERY GROUP MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS SALLIE M HAYES 794
Mailing Address 6102 8TH DR
City LUBBOCK State TX Zip Code 79416
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 215.00
Date of Receipt MM / DD / YYYY 12 / 17 / 2009
Transaction ID: SA11AI.76464
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
MRS ELLA M HELM 300
Mailing Address 3385 HALLMARK DR SE
City MARIETTA State GA Zip Code 30067
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt MM / DD / YYYY 10 / 21 / 2009
Transaction ID: SA11AI.76512
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MRS ELLA M HELM 300
Mailing Address 3385 HALLMARK DR SE
City MARIETTA State GA Zip Code 30067
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Transaction ID: SA11AI.76514
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 125.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS DORIS T HENDRICKS 212

Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code
BALTIMORE MD 21234

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2009

Transaction ID: SA11AI.76538

Amount of Each Receipt this Period

45.00

B.

Full Name (Last, First, Middle Initial)
MRS DORIS T HENDRICKS 212

Mailing Address 8810 WALTHER BLVD APT 2229

City State Zip Code
BALTIMORE MD 21234

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2009

Transaction ID: SA11AI.76537

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)
MISS HELEN HENSHAW 105

Mailing Address PO BOX 189

City State Zip Code
WACCABUC NY 10597

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: SA11AI.76552

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

350.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MISS HELEN HENSHAW 105	Date of Receipt MM / DD / YYYY 08 / 11 / 2009
	Mailing Address PO BOX 189	Transaction ID: SA11AI.76551
	City State Zip Code WACCABUC NY 10597	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE	Occupation HOMEMAKER
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) MR HENRY C HIRSCH 214	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 948 MELVIN RD	Transaction ID: SA11AI.76656
	City State Zip Code ANNAPOLIS MD 21403	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NONE	Occupation RETIRED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) MR ROBERT A HOLLOMAN 303, III	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 2300 PARKVIEW CIR	Transaction ID: SA11AI.76727
	City State Zip Code ATLANTA GA 30337	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer	Occupation
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 37 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS LUCILE YINGLING HOLMES 708
Mailing Address 10620 OLD LODGE CT

City State Zip Code
BATON ROUGE LA 70817

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11AI.76738
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MS FLORENCE HOOTEN 207
Mailing Address 7017 SAINT ANNES AVE

City State Zip Code
LANHAM MD 20706

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9
Transaction ID: SA11AI.76769
Amount of Each Receipt this Period 57.00

C. Full Name (Last, First, Middle Initial)
MRS DIANE S HUMPHREY 467
Mailing Address 2279 E 250 N

City State Zip Code
BLUFFTON IN 46714

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9
Transaction ID: SA11AI.76890
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 192.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 38 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MS D PATRICIA JENNETT 605
Mailing Address 416 DEEPWOOD CT

City State Zip Code
NAPERVILLE IL 60540

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: M M / D D / Y Y Y Y Y
12 / 15 / 2009
Transaction ID: SA11AI.77028
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
MR PETER LAWSON JOHNSTON 085
Mailing Address 215 CARTER RD

City State Zip Code
PRINCETON NJ 08540

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

Name of Employer GUGGRENHEIM BROTHERS Occupation PAINTER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M / D D / Y Y Y Y Y
10 / 22 / 2009
Transaction ID: SA11AI.77102
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
MR JOHN JUPPE 117
Mailing Address 51 LAURELTON AVE

City State Zip Code
LAKE GROVE NY 11755

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M / D D / Y Y Y Y Y
12 / 22 / 2009
Transaction ID: SA11AI.77182
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 136
(check only one)

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

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS MARIE-LUISE KALSI 770

Mailing Address 13307 CAROUSEL CT

City HOUSTON State TX Zip Code 77041

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 07 / 13 / 2009
Transaction ID: SA11AI.77196
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
MRS MARIE-LUISE KALSI 770

Mailing Address 13307 CAROUSEL CT

City HOUSTON State TX Zip Code 77041

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 21 / 2009
Transaction ID: SA11AI.77199
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MRS MARIE-LUISE KALSI 770

Mailing Address 13307 CAROUSEL CT

City HOUSTON State TX Zip Code 77041

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.77198
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS MARIE-LUISE KALSI 770

Mailing Address 13307 CAROUSEL CT

City State Zip Code
HOUSTON TX 77041

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 950.00

Date of Receipt

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

Transaction ID: SA11AI.77197

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MRS MARIE-LUISE KALSI 770

Mailing Address 13307 CAROUSEL CT

City State Zip Code
HOUSTON TX 77041

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

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

Transaction ID: SA11AI.77195

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code
CLYDE HILL WA 98004

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.77386

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City	State	Zip Code
CLYDE HILL	WA	98004

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

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

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.77385

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MR FRANK W KOZEL 152

Mailing Address 560 EPSILON DR STE 1

City	State	Zip Code
PITTSBURGH	PA	15238

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

Name of Employer KEY WELL SERVICES INC.	Occupation EXECUTIVE
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.77481

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MR RONALD KRENGEL 560

Mailing Address 516 DATE ST

City	State	Zip Code
MINNESOTA LK	MN	56068

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

Name of Employer	Occupation
------------------	------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.77508

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR RONALD KRENGEL 560

Mailing Address 516 DATE ST

City State Zip Code
MINNESOTA LK MN 56068

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID: SA11AI.77506

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM KRIVOSHIK 068

Mailing Address 3 BOAS LN

City State Zip Code
WILTON CT 06897

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

Name of Employer Occupation
THOMSEN REUTERS EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: SA11AI.77517

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
DR E KUCWAY 435

Mailing Address 5954 WALNUT SPRINGS RD

City State Zip Code
SYLVANIA OH 43560

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.77548

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS JANE OSLER KYLE 130

Mailing Address 215 SUMMERHAVEN DR S

City State Zip Code
EAST SYRACUSE NY 13057

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
575.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2009

Transaction ID: SA11AI.77571

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
MRS JANE OSLER KYLE 130

Mailing Address 215 SUMMERHAVEN DR S

City State Zip Code
EAST SYRACUSE NY 13057

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 22 / 2009

Transaction ID: SA11AI.77572

Amount of Each Receipt this Period

175.00

C.

Full Name (Last, First, Middle Initial)
MS JANE LAIRD 198

Mailing Address 4031 KENNETT PIKE

City State Zip Code
GREENVILLE DE 19807

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2009

Transaction ID: SA11AI.77603

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional) ▶

500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MISS CAROL LAUDE 481

Mailing Address 39528 VILLAGE RUN DR

City	State	Zip Code
NORTHVILLE	MI	48168

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2009

Transaction ID: SA11AI.77692

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)
MISS CAROL LAUDE 481

Mailing Address 39528 VILLAGE RUN DR

City	State	Zip Code
NORTHVILLE	MI	48168

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.77694

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MISS CAROL LAUDE 481

Mailing Address 39528 VILLAGE RUN DR

City	State	Zip Code
NORTHVILLE	MI	48168

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

Name of Employer Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 10 / 2009

Transaction ID: SA11AI.77691

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
07 / 22 / 2009
Transaction ID: SA11AI.77828
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY
09 / 21 / 2009
Transaction ID: SA11AI.77823
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
10 / 26 / 2009
Transaction ID: SA11AI.77826
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 800.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 46 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: MM / DD / YYYY
11 / 25 / 2009
Transaction ID: SA11AI.77829
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: MM / DD / YYYY
12 / 04 / 2009
Transaction ID: SA11AI.77825
Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
MS MARIE J LETT 760
Mailing Address 3940 LETT LN

City State Zip Code
BURLESON TX 76028

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY
12 / 28 / 2009
Transaction ID: SA11AI.77827
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 47 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR SHIN CHUNG LIN 917
Mailing Address 21083 TOPAZ LN
City State Zip Code
DIAMOND BAR CA 91765
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
E EYSON CORP PROJECT SPECIALIST
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 9
Transaction ID: SA11AI.77870
Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT D C LONG 299
Mailing Address 47 SAVANNAH TRL
City State Zip Code
HILTON HEAD ISLAND SC 29926
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NONE RETIRED
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.77952
Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT D C LONG 299
Mailing Address 47 SAVANNAH TRL
City State Zip Code
HILTON HEAD ISLAND SC 29926
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
NONE RETIRED
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 375.00
Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9
Transaction ID: SA11AI.77953
Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► 475.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) EDWARD A LOZICK 440		Date of Receipt	
	Mailing Address 3235 CRABTREE LN		M M / D D / Y Y Y Y Y 08 / 11 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.78025
	CHAGRIN FALLS	OH	44022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer CRAWFORD FITTINGS		Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) MR DAVID L LUKE 100, III		Date of Receipt	
	Mailing Address 775 PARK AVE		M M / D D / Y Y Y Y Y 08 / 07 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.78033
	NEW YORK	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		800.00		

C.	Full Name (Last, First, Middle Initial) MS CAROLYN MALION 283		Date of Receipt	
	Mailing Address 3264 NC 130 E		M M / D D / Y Y Y Y Y 09 / 15 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.78104
	FAIRMONT	NC	28340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		350.00		

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

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

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

FOR LINE NUMBER: PAGE 49 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR PERRIN MARCH 452, III

Mailing Address 7 GRANDIN PL

City State Zip Code
CINCINNATI OH 45208

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

Name of Employer Occupation
CINCINNATTI INC MANUFACTURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.78131

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MR RICHARD MARTELL 333

Mailing Address 1700 W LAS OLAS BLVD

City State Zip Code
FORT LAUDERDALE FL 33312

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

Name of Employer Occupation
SELF EMPLOYED BUSINESSMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.78173

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MR MICHAEL G MAXWELL 322

Mailing Address 2222 JANET DR

City State Zip Code
JACKSONVILLE FL 32259

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

Name of Employer Occupation
THE MAYO CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.78249

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MABEL B MCCLUSKY 352

Mailing Address 801 MEADOWBROOK DR

City BIRMINGHAM State AL Zip Code 35215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.78319
 Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
MR JOHN C MCCRILLIS 037

Mailing Address PO BOX 458

City NEWPORT State NH Zip Code 03773

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.78337
 Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
MR JOHN C MCCRILLIS 037

Mailing Address PO BOX 458

City NEWPORT State NH Zip Code 03773

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.78336
 Amount of Each Receipt this Period: 65.00

SUBTOTAL of Receipts This Page (optional) ► 205.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 51 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR JOHN C MCCRILLIS 037
Mailing Address PO BOX 458

City State Zip Code
NEWPORT NH 03773

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: SA11AI.78338
Amount of Each Receipt this Period: 70.00

B. Full Name (Last, First, Middle Initial)
MRS CORNELIA D MCCURDY 190
Mailing Address 801 YALE AVE

City State Zip Code
SWARTHMORE PA 19081

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 20 / 2009
Transaction ID: SA11AI.78346
Amount of Each Receipt this Period: 150.00

C. Full Name (Last, First, Middle Initial)
MR PAUL MCGOLDRICK 035
Mailing Address 106 MAIN ST

City State Zip Code
LITTLETON NH 03561

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

Name of Employer SELF EMPLOYED Occupation SALESMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 07 / 07 / 2009
Transaction ID: SA11AI.78379
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 270.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 52 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR PAUL MCGOLDRICK 035
Mailing Address 106 MAIN ST
City LITTLETON State NH Zip Code 03561
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation SALESMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 255.00
Date of Receipt 07 / 09 / 2009
Transaction ID: SA11AI.78377
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
MR PAUL MCGOLDRICK 035
Mailing Address 106 MAIN ST
City LITTLETON State NH Zip Code 03561
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation SALESMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 08 / 18 / 2009
Transaction ID: SA11AI.78378
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
MR PAUL J MC GOLDRICK 035
Mailing Address 106 MAIN ST BOX 439
City LITTLETON State NH Zip Code 03561
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation FINANCIAL ADVISER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 22 / 2009
Transaction ID: SA11AI.78286
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 255.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR COMPTON MCKENZIE 972

Mailing Address 4007 NE SKIDMORE ST

City State Zip Code
PORTLAND OR 97211

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: SA11AI.78409

Amount of Each Receipt this Period
45.00

B.

Full Name (Last, First, Middle Initial)
MR COMPTON MCKENZIE 972

Mailing Address 4007 NE SKIDMORE ST

City State Zip Code
PORTLAND OR 97211

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: SA11AI.78407

Amount of Each Receipt this Period
45.00

C.

Full Name (Last, First, Middle Initial)
MR COMPTON MCKENZIE 972

Mailing Address 4007 NE SKIDMORE ST

City State Zip Code
PORTLAND OR 97211

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2009

Transaction ID: SA11AI.78408

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 54 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR PHIL MCKINNON 282
 Mailing Address 6224 DEVERON DR
 City State Zip Code
 CHARLOTTE NC 28211
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 15 2009
Transaction ID: SA11AI.78415
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
MISS MARY MELTZER 139
 Mailing Address 14 EDGECOMB RD
 City State Zip Code
 BINGHAMTON NY 13905
 Date of Receipt
 M M / D D / Y Y Y Y Y
 10 19 2009
Transaction ID: SA11AI.78467
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
DR A L MESSENGER 335, MD
 Mailing Address 7498 N MOUNT HOPE RD
 City State Zip Code
 RIVERDALE MI 48877
 Date of Receipt
 M M / D D / Y Y Y Y Y
 10 19 2009
Transaction ID: SA11AI.78505
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 650.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR ANDREW L MESSENGER 488

Mailing Address 7498 N MOUNT HOPE RD

City State Zip Code
RIVERDALE MI 48877

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: SA11AI.78508

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
MR KENDALL C MILLER 936

Mailing Address 3750 WAKEFIELD AVENUE

City State Zip Code
REEDLEY CA 93654

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

Name of Employer KENCAROL INC Occupation FARM MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11AI.78618

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
THOMAS MIMS 770

Mailing Address 6624 FANNIN ST STE 2340

City State Zip Code
HOUSTON TX 77006

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: SA11AI.78636

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **550.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 56 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
THOMAS MIMS 770
 Mailing Address 6624 FANNIN ST STE 2340
 City HOUSTON State TX Zip Code 77006
 Date of Receipt 08 / 11 / 2009
 Transaction ID: SA11AI.78635
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 750.00

B. Full Name (Last, First, Middle Initial)
MR JOHN MOORE 787
 Mailing Address 13201 MADRONE MOUNTAIN WAY
 City AUSTIN State TX Zip Code 78737
 Date of Receipt 07 / 15 / 2009
 Transaction ID: SA11AI.78751
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF EMPLOYED Occupation SEVERAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

C. Full Name (Last, First, Middle Initial)
MR JOHN MOORE 787
 Mailing Address 13201 MADRONE MOUNTAIN WAY
 City AUSTIN State TX Zip Code 78737
 Date of Receipt 09 / 04 / 2009
 Transaction ID: SA11AI.78752
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer SELF EMPLOYED Occupation SEVERAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 750.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 57 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
IA MORRIS 144

Mailing Address 2867 OUTLET RD

City State Zip Code
CLIFTON SPRINGS NY 14432

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

Name of Employer Occupation
GW LISK CO INC ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2009

Transaction ID: SA11AI.78797

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
IA MORRIS 144

Mailing Address 2867 OUTLET RD

City State Zip Code
CLIFTON SPRINGS NY 14432

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

Name of Employer Occupation
GW LISK CO INC ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.78799

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
IA MORRIS 144

Mailing Address 2867 OUTLET RD

City State Zip Code
CLIFTON SPRINGS NY 14432

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

Name of Employer Occupation
GW LISK CO INC ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2009

Transaction ID: SA11AI.78798

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CLIFFORD MORROW 871		Date of Receipt
	Mailing Address 325 LISBON AVE SE		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RIO RANCHO	NM	87124
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.78806
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) CLIFFORD MORROW 871		Date of Receipt
	Mailing Address 325 LISBON AVE SE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RIO RANCHO	NM	87124
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.78808
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) CLIFFORD MORROW 871		Date of Receipt
	Mailing Address 325 LISBON AVE SE		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	RIO RANCHO	NM	87124
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.78807
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 59 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
DR FRANK MOYA 331

Mailing Address 1320 S DIXIE HWY STE 1060

City State Zip Code
CORAL GABLES FL 33146

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: SA11AI.78828

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MRS ELAINE T MURHAMMER 701

Mailing Address 4112 JEFFERSON HWY APT 314

City State Zip Code
NEW ORLEANS LA 70121

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt

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

Transaction ID: SA11AI.78864

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)
MRS ELAINE T MURHAMMER 701

Mailing Address 4112 JEFFERSON HWY APT 314

City State Zip Code
NEW ORLEANS LA 70121

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

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.78865

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional) ►

240.00

TOTAL This Period (last page this line number only) ►

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MS HENRIETTA E MURPHY 924	Date of Receipt
	Mailing Address 6813 GOLONDRINA DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 2 / 2 0 0 9
	City State Zip Code SAN BERNARDINO CA 92404	Transaction ID: SA11AI.78877
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 100.00
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) MR RICHARD L MURRAY 933	Date of Receipt
	Mailing Address 1301 NEW STINE RD UNIT 815	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	City State Zip Code BAKERSFIELD CA 93309	Transaction ID: SA11AI.78882
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 53.00
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 229.00	

C.	Full Name (Last, First, Middle Initial) MR WILLIAM J MYHRE 973	Date of Receipt
	Mailing Address 865 2ND AVE	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 7 / 1 4 / 2 0 0 9
	City State Zip Code SWEET HOME OR 97386	Transaction ID: SA11AI.78897
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 75.00
	Name of Employer NONE Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 235.99	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 228.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973

Mailing Address **865 2ND AVE**

City **SWEET HOME** State **OR** Zip Code **97386**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.99**

Date of Receipt **08 / 11 / 2009**

Transaction ID: SA11AI.78903

Amount of Each Receipt this Period **100.00**

B. Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973

Mailing Address **865 2ND AVE**

City **SWEET HOME** State **OR** Zip Code **97386**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.99**

Date of Receipt **08 / 31 / 2009**

Transaction ID: SA11AI.78895

Amount of Each Receipt this Period **35.00**

C. Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973

Mailing Address **865 2ND AVE**

City **SWEET HOME** State **OR** Zip Code **97386**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.99**

Date of Receipt **08 / 31 / 2009**

Transaction ID: SA11AI.78896

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional) ► **335.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 62 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973
Mailing Address 865 2ND AVE
City SWEET HOME State OR Zip Code 97386
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 670.99
Date of Receipt: 09 / 21 / 2009
Transaction ID: SA11AI.78901
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973
Mailing Address 865 2ND AVE
City SWEET HOME State OR Zip Code 97386
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 770.99
Date of Receipt: 11 / 10 / 2009
Transaction ID: SA11AI.78902
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973
Mailing Address 865 2ND AVE
City SWEET HOME State OR Zip Code 97386
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 870.99
Date of Receipt: 12 / 01 / 2009
Transaction ID: SA11AI.78899
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973

Mailing Address 865 2ND AVE

City State Zip Code
SWEET HOME OR 97386

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 970.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.78898

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR WILLIAM J MYHRE 973

Mailing Address 865 2ND AVE

City State Zip Code
SWEET HOME OR 97386

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1020.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.78900

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR GEORGE M NEALL 216, II

Mailing Address 5452 TATES BANK RD

City State Zip Code
CAMBRIDGE MD 21613

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.78930

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR GEORGE M NEALL 216, II

Mailing Address 5452 TATES BANK RD

City State Zip Code
CAMBRIDGE MD 21613

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 25 / 2009
Transaction ID: SA11AI.78929
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
MR QUENTIN NESBITT 452

Mailing Address 9840 MONTGOMERY RD APT 2212

City State Zip Code
CINCINNATI OH 45242

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: SA11AI.78962
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
DOROTHY OLSON 520

Mailing Address 3730 PENNSYLVANIA AVE APT 104

City State Zip Code
DUBUQUE IA 52002

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: SA11AI.79160
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) DOROTHY OLSON 520		Date of Receipt
	Mailing Address 3730 PENNSYLVANIA AVE APT 104		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	DUBUQUE	IA	52002
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.79162
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) MR JOHN A PAGIN 467		Date of Receipt
	Mailing Address PO BOX 86		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	HOWE	IN	46746
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.79240
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 300.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) MISS EDITH P PALMER 109		Date of Receipt
	Mailing Address 282 LAROE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CHESTER	NY	10918
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer NONE		Occupation HOMEMAKER	Transaction ID: SA11AI.79252
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 850.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS BONNIE B PEREIDA 784

Mailing Address 1002 KARNAK DR

City State Zip Code
CORPUS CHRISTI TX 78412

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

Name of Employer Occupation
MERRILL LYNCH STOCK BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.79385

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MR C DE WITT PETERSON 080

Mailing Address 310 PLEASANT VALLEY AVE

City State Zip Code
MOORESTOWN NJ 08057

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.79421

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MRS BARBARA PUCKETT 162

Mailing Address 1499 STONEY LONESOME RD

City State Zip Code
CLARION PA 16214

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

Name of Employer Occupation
NONE HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.79630

Amount of Each Receipt this Period
225.00

SUBTOTAL of Receipts This Page (optional) ► **325.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 67 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS BARBARA PUCKETT 162

Mailing Address 1499 STONEY LONESOME RD

City State Zip Code
CLARION PA 16214

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 11 / 2009

Transaction ID: SA11AI.79629

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MR DALE E RAGEL 930

Mailing Address 1471 SORREL ST

City State Zip Code
SIMI VALLEY CA 93065

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 02 / 2009

Transaction ID: SA11AI.79686

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
SAN FRANCISCO CA 94121

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 04 / 2009

Transaction ID: SA11AI.79694

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **230.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR V BIRCH RAMBO 294	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	Mailing Address 201 W 9TH NORTH ST UNIT 157	Transaction ID: SA11AI.79703
	City State Zip Code SUMMERVILLE SC 29483	Amount of Each Receipt this Period 51.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	

B.	Full Name (Last, First, Middle Initial) MR CALVIN RAMBO 956	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9
	Mailing Address 1515 FRANCES DR	Transaction ID: SA11AI.79708
	City State Zip Code ROSEVILLE CA 95661	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.	Full Name (Last, First, Middle Initial) MR CHARLES R RASH 201	Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 2 / 2 0 0 9
	Mailing Address 42991 CORALBELLS PL	Transaction ID: SA11AI.79732
	City State Zip Code LEESBURG VA 20176	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer L-3 COMMUNICATIONS	Occupation GOVERNMENT CONTRACTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	131.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR CHARLES R RASH 201		Date of Receipt
	Mailing Address 42991 CORALBELLS PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LEESBURG	VA	20176
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.79731
Name of Employer L-3 COMMUNICATIONS		Occupation GOVERNMENT CONTRACTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 350.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) MR CHARLES R RASH 201		Date of Receipt
	Mailing Address 42991 CORALBELLS PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LEESBURG	VA	20176
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.79734
Name of Employer L-3 COMMUNICATIONS		Occupation GOVERNMENT CONTRACTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 400.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) MR CHARLES R RASH 201		Date of Receipt
	Mailing Address 42991 CORALBELLS PL		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LEESBURG	VA	20176
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.79733
Name of Employer L-3 COMMUNICATIONS		Occupation GOVERNMENT CONTRACTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 435.00	<input type="text"/> 35.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 185.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 70 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR RUSSELL D RAWN 722

Mailing Address 12 FOXHUNT TRL

City State Zip Code
LITTLE ROCK AR 72227

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2009

Transaction ID: SA11AI.79753

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
MR RUSSELL D RAWN 722

Mailing Address 12 FOXHUNT TRL

City State Zip Code
LITTLE ROCK AR 72227

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11AI.79755

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MR RUSSELL D RAWN 722

Mailing Address 12 FOXHUNT TRL

City State Zip Code
LITTLE ROCK AR 72227

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 28 / 2009

Transaction ID: SA11AI.79754

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 130.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CHARLES RHODEN 982		Date of Receipt
	Mailing Address 525 RHODORA HEIGHTS RD		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	LAKE STEVENS	WA	98258
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF EMPLOYED		Occupation EXECUTIVE	Transaction ID: SA11AI.79878
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) MR MILTON RIGGS 481		Date of Receipt
	Mailing Address 41985 S SERVICE DRIVE		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	BELLEVILLE	MI	48111
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.79919
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="213.00"/>	<input type="text" value="113.00"/>

C.	Full Name (Last, First, Middle Initial) MRS WANDA ROBERSON 467		Date of Receipt
	Mailing Address 11481 US HIGHWAY 33 N		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CHURUBUSCO	IN	46723
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NONE		Occupation RETIRED	Transaction ID: SA11AI.79962
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="231.90"/>	<input type="text" value="72.90"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="435.90"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS WANDA ROBERSON 467

Mailing Address 11481 US HIGHWAY 33 N

City State Zip Code
CHURUBUSCO IN 46723

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.90

Date of Receipt

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

Transaction ID: SA11AI.79963

Amount of Each Receipt this Period

159.00

B.

Full Name (Last, First, Middle Initial)
MS SHEILA ROBINSON 585

Mailing Address 1000 W CENTURY AVE APT 308

City State Zip Code
BISMARCK ND 58503

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.80002

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
MR W L ROMANS 231

Mailing Address 5703 WILLIAMSBURG LANDING DR

City State Zip Code
WILLIAMSBURG VA 23185

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.80059

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3359.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MISS JACQUELINE ROSE 902
Mailing Address 992 N ALPINE DR
City BEVERLY HILLS State CA Zip Code 90210
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 20 / 2009
Transaction ID: SA11AI.80074
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
MR FREDERICK ROSS 079
Mailing Address 47 HATHAWAY LN
City ESSEX FELLS State NJ Zip Code 07021
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation BUSINESS OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 12 / 15 / 2009
Transaction ID: SA11AI.80087
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MR CHRISTOPHER ROTH 721
Mailing Address 1792 HIGHWAY 79B
City STUTTGART State AR Zip Code 72160
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 209.00
Date of Receipt 12 / 28 / 2009
Transaction ID: SA11AI.80109
Amount of Each Receipt this Period 38.00

SUBTOTAL of Receipts This Page (optional) ► 338.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR NORMAN ROUSSELOT 769	Date of Receipt MM / DD / YYYY 09 / 21 / 2009
	Mailing Address 126 EDGEMONT RD	Transaction ID: SA11AI.80134
	City State Zip Code SONORA TX 76950	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) MS JANICE B RUBEL 331	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 2000 S BAYSHORE DR	Transaction ID: SA11AI.80152
	City State Zip Code MIAMI FL 33133	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer INNISFREE, INC	Occupation IMPORT SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1175.00	

C.	Full Name (Last, First, Middle Initial) MR EDWIN C SANDHAM 349	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 1964 SW SAINT ANDREWS DR	Transaction ID: SA11AI.80237
	City State Zip Code PALM CITY FL 34990	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	640.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 75 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349
 Mailing Address 1964 SW SAINT ANDREWS DR
 City State Zip Code
 PALM CITY FL 34990
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.80240
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

B. Full Name (Last, First, Middle Initial)
MR EDWIN C SANDHAM 349
 Mailing Address 1964 SW SAINT ANDREWS DR
 City State Zip Code
 PALM CITY FL 34990
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: SA11AI.80239
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

C. Full Name (Last, First, Middle Initial)
MR STEPHEN A SANDOR 481
 Mailing Address 1717 KINGS HWY
 City State Zip Code
 LINCOLN PARK MI 48146
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 0 2 / 2 0 0 9
Transaction ID: SA11AI.80243
 Amount of Each Receipt this Period
 35.79
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.85

SUBTOTAL of Receipts This Page (optional) ► 335.79
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 136
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR STEPHEN A SANDOR 481		Date of Receipt
	Mailing Address 1717 KINGS HWY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LINCOLN PARK	MI	48146
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.80242
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00
		<input type="text"/> 286.85	

B.	Full Name (Last, First, Middle Initial) MR STEPHEN A SANDOR 481		Date of Receipt
	Mailing Address 1717 KINGS HWY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LINCOLN PARK	MI	48146
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.80248
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 326.85	

C.	Full Name (Last, First, Middle Initial) MR STEPHEN A SANDOR 481		Date of Receipt
	Mailing Address 1717 KINGS HWY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	LINCOLN PARK	MI	48146
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.80246
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 34.79
		<input type="text"/> 361.64	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 149.79
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR STEPHEN A SANDOR 481

Mailing Address 1717 KINGS HWY

City State Zip Code
LINCOLN PARK MI 48146

FEC ID number of contributing federal political committee. C

Name of Employer: NONE Occupation: RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.64

Date of Receipt MM / DD / YYYY
12 / 24 / 2009

Transaction ID: SA11AI.80245

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
CHARLES C SAPP 451

Mailing Address 9554 US HIGHWAY 52

City State Zip Code
MANCHESTER OH 45144

FEC ID number of contributing federal political committee. C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
09 / 21 / 2009

Transaction ID: SA11AI.80256

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
MRS DOROTHY SCHARER 906

Mailing Address 12625 OCASO AVE

City State Zip Code
LA MIRADA CA 90638

FEC ID number of contributing federal political committee. C

Name of Employer: SUN CLINICAL LABS Occupation: CYTOTECHNOLOGIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt MM / DD / YYYY
09 / 22 / 2009

Transaction ID: SA11AI.80305

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) 180.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MRS DOROTHY SCHARER 906

Mailing Address 12625 OCASO AVE

City State Zip Code
LA MIRADA CA 90638

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

Name of Employer Occupation
SUN CLINICAL LABS CYTOTECHNOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2009

Transaction ID: SA11AI.80303

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
DR JAMES SCHUH 630

Mailing Address 23 W LAKEWOOD DR

City State Zip Code
FENTON MO 63026

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

Name of Employer Occupation
SELF EMPLOYED PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.80407

Amount of Each Receipt this Period
35.00

C.

Full Name (Last, First, Middle Initial)
DR PENELOPE P SCOTT 210, MD

Mailing Address 11824 FALLS RD

City State Zip Code
COCKEYSVILLE MD 21030

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

Name of Employer Occupation
SELF EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 21 / 2009

Transaction ID: SA11AI.80439

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **210.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR DAVID SENNET 605		Date of Receipt
	Mailing Address 4841 WOODLAND AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 11 / 2009
	City	State	Zip Code
	WESTERN SPRINGS	IL	60558
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.80488
Name of Employer STRATEGIC SOLUTIONS		Occupation SYSTEMS MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) MR NED SHANAMAN 170		Date of Receipt
	Mailing Address 103 N RACE ST 163		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 21 / 2009
	City	State	Zip Code
	RICHLAND	PA	17087
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.80513
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 70.00

C.	Full Name (Last, First, Middle Initial) MR NED SHANAMAN 170		Date of Receipt
	Mailing Address 103 N RACE ST 163		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 19 / 2009
	City	State	Zip Code
	RICHLAND	PA	17087
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.80514
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 71.00

SUBTOTAL of Receipts This Page (optional) ▶

641.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR NED SHANAMAN 170
Mailing Address 103 N RACE ST 163

City State Zip Code
RICHLAND PA 17087

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 411.00

Date of Receipt: MM / DD / YYYY
12 / 24 / 2009
Transaction ID: SA11AI.80512
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
MICHAEL R SHAUGHNESSY 440
Mailing Address 37699 CEDAR RD

City State Zip Code
GATES MILLS OH 44040

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

Name of Employer COLON MATRIX CORP Occupation BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
09 / 08 / 2009
Transaction ID: SA11AI.80526
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
MR AUBREY N SHEA 201
Mailing Address 7192 BETHEL DR W

City State Zip Code
WARRENTON VA 20187

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: MM / DD / YYYY
12 / 15 / 2009
Transaction ID: SA11AI.80532
Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ► 1135.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR DAMIR S SKERL 770		Date of Receipt MM / DD / YYYY 08 / 18 / 2009		
	Mailing Address 702 LAST ARROW DR		Transaction ID: SA11AI.80679		
	City HOUSTON	State TX	Zip Code 77079	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer BAKER HUGHES INC	Occupation GEOPHYSICIST	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) MR JAN E G SMIT 934		Date of Receipt MM / DD / YYYY 09 / 21 / 2009		
	Mailing Address 1475 N REFUGIO RD P O BOX 1284		Transaction ID: SA11AI.80718		
	City SANTA YNEZ	State CA	Zip Code 93460	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
	Name of Employer NONE	Occupation RETIRED	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) DR HOWARD L SMITH 882		Date of Receipt MM / DD / YYYY 12 / 28 / 2009		
	Mailing Address 2904 DIAMOND A DR		Transaction ID: SA11AI.80792		
	City ROSWELL	State NM	Zip Code 88201	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00		
	Name of Employer	Occupation DOCTOR	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 82 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR LAWRENCE SMITH 972
Mailing Address 2840 NW 35TH AVE
City PORTLAND State OR Zip Code 97210
FEC ID number of contributing federal political committee. **C**
Name of Employer JOURNAL GRAPHICS Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 28 / 2009
Transaction ID: SA11AI.80797
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
MR WILLIAM SPENCER 352, III
Mailing Address 3300 CAHABA RD STE 216
City BIRMINGHAM State AL Zip Code 35223
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt 09 / 29 / 2009
Transaction ID: SA11AI.80879
Amount of Each Receipt this Period 375.00

C. Full Name (Last, First, Middle Initial)
MR WILLIAM SPENCER 352, III
Mailing Address 3300 CAHABA RD STE 216
City BIRMINGHAM State AL Zip Code 35223
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt 10 / 26 / 2009
Transaction ID: SA11AI.80878
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 775.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 136
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR STUART W STEDMAN 770	Date of Receipt
	Mailing Address 3354 CHEVY CHASE DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 08 / 2009
	City State Zip Code HOUSTON TX 77019	Transaction ID: SA11AI.80951
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text"/> 75.00
Name of Employer WESLEY WEST INTERESTS INC	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 325.00	

B.	Full Name (Last, First, Middle Initial) MR STUART W STEDMAN 770	Date of Receipt
	Mailing Address 3354 CHEVY CHASE DR	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 20 / 2009
	City State Zip Code HOUSTON TX 77019	Transaction ID: SA11AI.80952
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text"/> 100.00
Name of Employer WESLEY WEST INTERESTS INC	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 425.00	

C.	Full Name (Last, First, Middle Initial) MR ADOLPH L STEINLEN 336	Date of Receipt
	Mailing Address 2428 CARROLL PL	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 10 / 21 / 2009
	City State Zip Code TAMPA FL 33612	Transaction ID: SA11AI.80978
	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period <input type="text"/> 200.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR CAMPBELL STEWARD 019

Mailing Address 65 ASBURY ST

City State Zip Code
TOPSFIELD MA 01983

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: SA11AI.81016

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082

Mailing Address 2670 N ROUTE 9

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2009

Transaction ID: SA11AI.81106

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082

Mailing Address 2670 N ROUTE 9

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.81108

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082
Mailing Address 2670 N ROUTE 9

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 09 / 15 / 2009
Transaction ID: SA11AI.81107
Amount of Each Receipt this Period: 225.00

B. Full Name (Last, First, Middle Initial)
MRS JOHN STRASENBURG 082
Mailing Address 2670 N ROUTE 9

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt: 10 / 14 / 2009
Transaction ID: SA11AI.81109
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
MR JOHN STRASENBURGH 082
Mailing Address PO BOX 175

City State Zip Code
OCEAN VIEW NJ 08230

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: SA11AI.81110
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ► 475.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 86 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MS MARTHA SUMMERS 801
Mailing Address 3177 S GRANT ST

City State Zip Code
ENGLEWOOD CO 80113

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.81193
Amount of Each Receipt this Period 159.00

B. Full Name (Last, First, Middle Initial)
MR FRANCIS G TENBUSCH 496
Mailing Address 743 MUNSON AVE

City State Zip Code
TRAVERSE CITY MI 49686

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

Name of Employer STEPHAN WOOD PRODUCTS INC Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.81338
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
MR JOHN F TEPE 450
Mailing Address 6500 STOCKTON RD

City State Zip Code
FAIRFIELD OH 45014

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

Name of Employer LT ENTERPRISES INC. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 9
Transaction ID: SA11AI.81341
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 859.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MS ELLEN TERRETT 593

Mailing Address 2304 COMSTOCK ST

City State Zip Code
MILES CITY MT 59301

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.81350

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
DR L K THOMAS 221, JR

Mailing Address 13854 DELANEY RD

City State Zip Code
WOODBIDGE VA 22193

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.81374

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
MR LINCOLN THOMPSON 064, JR

Mailing Address 142 N COVE RD

City State Zip Code
OLD SAYBROOK CT 06475

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

Name of Employer Occupation
VIRGINIA INDUSTRIES CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.81394

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **430.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR RAY-KENT TROUTMAN 761		Date of Receipt
	Mailing Address 6337 KLAMATH RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 15 / 2009
	City	State	Zip Code
	FORT WORTH	TX	76116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.81547
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 313.00	<input type="text"/> 100.00

B.	Full Name (Last, First, Middle Initial) MR RAY-KENT TROUTMAN 761		Date of Receipt
	Mailing Address 6337 KLAMATH RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 05 / 2009
	City	State	Zip Code
	FORT WORTH	TX	76116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.81548
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.00	<input type="text"/> 51.00

C.	Full Name (Last, First, Middle Initial) MR RAY-KENT TROUTMAN 761		Date of Receipt
	Mailing Address 6337 KLAMATH RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 12 / 01 / 2009
	City	State	Zip Code
	FORT WORTH	TX	76116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.81549
Name of Employer NONE		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 459.00	<input type="text"/> 95.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 246.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 89 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS MARTHA H TURNEY 193
Mailing Address 1361 BOOT RD #265

City State Zip Code
WEST CHESTER PA 19380

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9
Transaction ID: SA11AI.81595
Amount of Each Receipt this Period 78.00

B. Full Name (Last, First, Middle Initial)
MR LUIS VALDES 334
Mailing Address 8660 PINE CAY

City State Zip Code
WEST PALM BCH FL 33411

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9
Transaction ID: SA11AI.81646
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MERLE WAIT 671
Mailing Address PO BOX 545

City State Zip Code
PROTECTION KS 67127

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

Name of Employer SELF EMPLOYED Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.81795
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► 278.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR FRANK H WALK 701

Mailing Address 150 BROADWAY ST APT 1112

City State Zip Code
NEW ORLEANS LA 70118

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

Name of Employer
WALK, HAYDEL & ASSOC

Occupation
PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.81801

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL L WARNER 080

Mailing Address 7 BRIDLE PATH

City State Zip Code
SOUTHAMPTON NJ 08088

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

Name of Employer
SELF EMPLOYED

Occupation
MANUFACTURING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2009

Transaction ID: SA11AI.81869

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL L WARNER 080

Mailing Address 7 BRIDLE PATH

City State Zip Code
SOUTHAMPTON NJ 08088

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

Name of Employer
SELF EMPLOYED

Occupation
MANUFACTURING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2009

Transaction ID: SA11AI.81870

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 136
(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR LEROY WEBER 945, JR

Mailing Address PO BOX 355

City RIO VISTA State CA Zip Code 94571

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 07 / 08 / 2009
Transaction ID: SA11AI.81927
 Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
MR LEROY WEBER 945, JR

Mailing Address PO BOX 355

City RIO VISTA State CA Zip Code 94571

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 08 / 10 / 2009
Transaction ID: SA11AI.81926
 Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
MR LEROY WEBER 945, JR

Mailing Address PO BOX 355

City RIO VISTA State CA Zip Code 94571

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.81925
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 136

(check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
MR GERALD WHITE 600

Mailing Address 2314 DODGE AVE

City State Zip Code
WAUKEGAN IL 60085

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID: SA11AI.82029

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR RICHARD L WICKENS 871

Mailing Address 9043 GUADALUPE TRL NW

City State Zip Code
ALBUQUERQUE NM 87114

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

Name of Employer Occupation
LUMBER INC EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.82066

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MS KAREN WILSON 752

Mailing Address 6424 PEMBERTON DR

City State Zip Code
DALLAS TX 75230

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

Name of Employer Occupation
SELF EMPLOYED REAL ESTATE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.82185

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MRS BARBARA H WILSON 941
Mailing Address 2540 GREEN ST
City SAN FRANCISCO State CA Zip Code 94123
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 08 / 31 / 2009
Transaction ID: SA11AI.82192
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
MR KENNETH WRIGHT 611
Mailing Address 3527 ROTARY RD
City ROCKFORD State IL Zip Code 61109
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation FARMING
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt 12 / 28 / 2009
Transaction ID: SA11AI.82324
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MR GEORGE W YOUNG 012
Mailing Address 235 WALKER ST APT 252
City LENOX State MA Zip Code 01240
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 31 / 2009
Transaction ID: SA11AI.82377
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR GEORGE W YOUNG 012
 Mailing Address 235 WALKER ST APT 252
 City LENOX State MA Zip Code 01240
 Date of Receipt MM / DD / YYYY 10 / 23 / 2009
Transaction ID: SA11AI.82376
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT ZINSER 921
 Mailing Address 3158 ORLEANS E
 City SAN DIEGO State CA Zip Code 92110
 Date of Receipt MM / DD / YYYY 09 / 15 / 2009
Transaction ID: SA11AI.82440
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial)
MR ROBERT ZINSER 921
 Mailing Address 3158 ORLEANS E
 City SAN DIEGO State CA Zip Code 92110
 Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Transaction ID: SA11AI.82439
 Amount of Each Receipt this Period 50.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 95 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MR ROBERT ZINSER 921
Mailing Address 3158 ORLEANS E

City State Zip Code
SAN DIEGO CA 92110

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 9
Transaction ID: SA11AI.82438
Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
MR ROBERT ZINSER 921
Mailing Address 3158 ORLEANS E

City State Zip Code
SAN DIEGO CA 92110

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

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9
Transaction ID: SA11AI.82442
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
MISS S ZIRNGIBL 447
Mailing Address 1690 AMARILLO ST NW

City State Zip Code
NORTH CANTON OH 44720

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9
Transaction ID: SA11AI.82449
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 96 / 136
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
MISS S ZIRNGIBL 447

Mailing Address 1690 AMARILLO ST NW

City State Zip Code
NORTH CANTON OH 44720

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

Name of Employer NONE Occupation HOUSEWIFE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.82448

Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional)	▶	5.00
TOTAL This Period (last page this line number only)	▶	46798.48

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) AVALANCHE SERVICES Mailing Address 53 MCGARRY BLVD City KEARNYSVILLE State WV Zip Code 25430 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC 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:	Transaction ID: SB21B.72931 Date of Disbursement 07 / 17 / 2009
	Amount of Each Disbursement this Period 1833.75
B. Full Name (Last, First, Middle Initial) AVALANCHE SERVICES Mailing Address 53 MCGARRY BLVD City KEARNYSVILLE State WV Zip Code 25430 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC 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:	Transaction ID: SB21B.72932 Date of Disbursement 07 / 30 / 2009
	Amount of Each Disbursement this Period 1166.25
C. Full Name (Last, First, Middle Initial) AVALANCHE SERVICES Mailing Address 53 MCGARRY BLVD City KEARNYSVILLE State WV Zip Code 25430 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC 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:	Transaction ID: SB21B.72953 Date of Disbursement 08 / 20 / 2009
	Amount of Each Disbursement this Period 3033.75

SUBTOTAL of Disbursements This Page (optional) ▶

6033.75

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) AVALANCHE SERVICES Mailing Address 53 MCGARRY BLVD City KEARNYSVILLE State WV Zip Code 25430 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.73022 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1575.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 003	

B. Full Name (Last, First, Middle Initial) AVALANCHE SERVICES Mailing Address 53 MCGARRY BLVD City KEARNYSVILLE State WV Zip Code 25430 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.73023 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1083.75
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 003	

C. Full Name (Last, First, Middle Initial) AVALANCHE SERVICES Mailing Address 53 MCGARRY BLVD City KEARNYSVILLE State WV Zip Code 25430 Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.73024 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 3011.25
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 003	

SUBTOTAL of Disbursements This Page (optional) ▶	5670.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) BASE CONNECT, INC.	Transaction ID: SB21B.72933 Date of Disbursement 07 / 09 / 2009
	Mailing Address 1155 - 15TH STREET NW SUITE 410	Amount of Each Disbursement this Period 7044.84
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement DIRECT MAIL - CREATIVE Candidate Name BLACK REPUBLICAN PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BASE CONNECT, INC.	Transaction ID: SB21B.72934 Date of Disbursement 07 / 17 / 2009
	Mailing Address 1155 - 15TH STREET NW SUITE 410	Amount of Each Disbursement this Period 253.46
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement DIRECT MAIL - CREATIVE Candidate Name BLACK REPUBLICAN PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BASE CONNECT, INC.	Transaction ID: SB21B.72978 Date of Disbursement 10 / 28 / 2009
	Mailing Address 1155 - 15TH STREET NW SUITE 410	Amount of Each Disbursement this Period 5089.75
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement DIRECT MAIL - CREATIVE Candidate Name BLACK REPUBLICAN PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	12388.05
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. CENTURY DATA MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72935
Date of Disbursement

07 / 01 / 2009

Amount of Each Disbursement this Period

3200.00

B. CENTURY DATA MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72936
Date of Disbursement

07 / 17 / 2009

Amount of Each Disbursement this Period

4000.00

C. CENTURY DATA MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72937
Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

3328.87

SUBTOTAL of Disbursements This Page (optional) ▶

10528.87

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72958 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	6		2	0	0	9												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>2985.59</td></tr></table>	2985.59																		
2985.59																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72959 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	3		2	0	0	9												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>14916.40</td></tr></table>	14916.40																		
14916.40																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72954 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<table border="1"><tr><td>9792.83</td></tr></table>	9792.83																		
9792.83																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>27694.82</td></tr></table>	27694.82
27694.82		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. CENTURY DATA MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72955
Date of Disbursement

08 / 27 / 2009

Amount of Each Disbursement this Period

2000.00

003
Category/
Type

B. CENTURY DATA MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72957
Date of Disbursement

08 / 31 / 2009

Amount of Each Disbursement this Period

3564.99

003
Category/
Type

C. CENTURY DATA MAILING SERVICES

Full Name (Last, First, Middle Initial)

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.73025
Date of Disbursement

09 / 03 / 2009

Amount of Each Disbursement this Period

5426.39

003
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

10991.38

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 136

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

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.73026 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="09"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUINDRAISING	<input type="text" value="2000.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.73027 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="09"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="6700.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72981 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="9471.89"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18171.89"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 104 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72979 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="8096.40"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72980 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="2782.39"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.72982 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<input type="text" value="7565.22"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="18444.01"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 105 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

<p>A. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES</p> <p>Mailing Address 1155 - 15TH STREET NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72983</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 7000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES</p> <p>Mailing Address 1155 - 15TH STREET NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72984</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 3604.98</p>
<p>C. Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES</p> <p>Mailing Address 1155 - 15TH STREET NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DIRECT MAIL FUNDRAISING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72985</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1418.25</p>

SUBTOTAL of Disbursements This Page (optional)	12023.23
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 106 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS	Transaction ID: SB21B.72960 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="3693.23"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS	Transaction ID: SB21B.72988 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="2722.83"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS	Transaction ID: SB21B.72989 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="729.30"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7145.36"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 107 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

<p>A. Full Name (Last, First, Middle Initial) CENTURY DATA SYSTEMS</p> <p>Mailing Address 1155 - 15TH STREET NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement DATA PROCESSING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72990</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2355.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE</p> <p>Mailing Address 504 SHAW ROAD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72938</p> <p>Date of Disbursement 07 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 5033.45</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE</p> <p>Mailing Address 504 SHAW ROAD SUITE 206</p> <p>City STERLING State VA Zip Code 20166</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72939</p> <p>Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 106.44</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7494.89

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE	Transaction ID: SB21B.72991 Date of Disbursement
	Mailing Address 504 SHAW ROAD SUITE 206	<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="3428.57"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE	Transaction ID: SB21B.72992 Date of Disbursement
	Mailing Address 504 SHAW ROAD SUITE 206	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="5139.14"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE	Transaction ID: SB21B.72993 Date of Disbursement
	Mailing Address 504 SHAW ROAD SUITE 206	<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="5000.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR EDWARD J COUSAR	Transaction ID: SB21B.72941 Date of Disbursement
	Mailing Address PO BOX 96613	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="2000.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MR EDWARD J COUSAR	Transaction ID: SB21B.72961 Date of Disbursement
	Mailing Address PO BOX 96613	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL RELATED EXPENSES	<input type="text" value="562.28"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="002"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MR EDWARD J COUSAR	Transaction ID: SB21B.72997 Date of Disbursement
	Mailing Address PO BOX 96613	<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT	<input type="text" value="2000.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4562.28"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR EDWARD J COUSAR	Transaction ID: SB21B.72998
	Mailing Address PO BOX 96613	Date of Disbursement 10 / 28 / 2009
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period 248.71
	Purpose of Disbursement TRAVEL RELATED EXPENSES Candidate Name BLACK REPUBLICAN PAC	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MR EDWARD J COUSAR	Transaction ID: SB21B.72999
	Mailing Address PO BOX 96613	Date of Disbursement 12 / 10 / 2009
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONSULTING - PAC MANAGEMENT Candidate Name BLACK REPUBLICAN PAC	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC	Transaction ID: SB21B.73000
	Mailing Address 683 BERRYVILLE AVE	Date of Disbursement 10 / 28 / 2009
	City WINCHESTER State VA Zip Code 22601	Amount of Each Disbursement this Period 2290.10
	Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING Candidate Name BLACK REPUBLICAN PAC	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3038.81
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72942
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement MM / DD / YYYY 07 / 02 / 2009
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 70.00
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type
	Candidate Name BLACK REPUBLICAN PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72943
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement MM / DD / YYYY 07 / 02 / 2009
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 201.31
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type
	Candidate Name BLACK REPUBLICAN PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72944
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement MM / DD / YYYY 07 / 22 / 2009
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 4.95
	Purpose of Disbursement AMEX COLLECTION FEE	001 Category/ Type
	Candidate Name BLACK REPUBLICAN PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	276.26
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72945 Date of Disbursement
	Mailing Address 11325 RANDOM HILLS DR	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement NET SERVICE CHARGE	<input type="text" value="105.81"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72946 Date of Disbursement
	Mailing Address 11325 RANDOM HILLS DR	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement AMEX DISCOUNT FEE	<input type="text" value="16.90"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72962 Date of Disbursement
	Mailing Address 11325 RANDOM HILLS DR	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<input type="text" value="70.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="192.71"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72963 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>148.08</td></tr></table>	148.08																		
148.08																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72964 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX COLLECTION FEE	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72965 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement NET SERVICE CHARGE	<table border="1"><tr><td>140.85</td></tr></table>	140.85																		
140.85																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>293.88</td></tr></table>	293.88
293.88		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.72966 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX DISCOUNT FEE	<table border="1"><tr><td>45.86</td></tr></table>	45.86																		
45.86																					
	Candidate Name BLACK REPUBLICAN PAC	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73028 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE FEE	<table border="1"><tr><td>70.00</td></tr></table>	70.00																		
70.00																					
	Candidate Name BLACK REPUBLICAN PAC	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73029 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE FEE	<table border="1"><tr><td>182.96</td></tr></table>	182.96																		
182.96																					
	Candidate Name BLACK REPUBLICAN PAC	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>298.82</td></tr></table>	298.82
298.82		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73030</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement SERVICE CHARGE</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73031</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 98.36</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement MERCHANT SERVICE CHARGE</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73032</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 112.92</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

216.23

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73001
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 10 / 02 / 2009
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 179.36
	Purpose of Disbursement MERCHANT SERVICE CHARGE	001 Category/ Type
	Candidate Name BLACK REPUBLICAN PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73002
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 10 / 22 / 2009
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 4.95
	Purpose of Disbursement AMEX COLLECTION FEE	001 Category/ Type
	Candidate Name BLACK REPUBLICAN PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73003
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 10 / 30 / 2009
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 141.84
	Purpose of Disbursement SERVICE CHARGE	001 Category/ Type
	Candidate Name BLACK REPUBLICAN PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	326.15
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73004 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX DISCOUNT FEE	<table border="1"><tr><td>15.30</td></tr></table>	15.30																		
15.30																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73005 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>70.00</td></tr></table>	70.00																		
70.00																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73006 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	3		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>123.79</td></tr></table>	123.79																		
123.79																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>209.09</td></tr></table>	209.09
209.09		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

<p>A. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX COLLECTION FEE</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73007</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement NET SERVICE CHARGE</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73008</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 35.15</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK</p> <p>Mailing Address 11325 RANDOM HILLS DR</p> <p>City FAIRFAX State VA Zip Code 22030</p> <p>Purpose of Disbursement AMEX DISCOUNT FEE</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73009</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 16.74</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

56.84

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 120 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73010 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>70.00</td></tr></table>	70.00																		
70.00																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73011 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>118.01</td></tr></table>	118.01																		
118.01																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.73013 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	2		2	0	0	9												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX COLLECTION FEE	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>192.96</td></tr></table>	192.96
192.96		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK <hr/> Mailing Address 11325 RANDOM HILLS DR <hr/> City FAIRFAX State VA Zip Code 22030 <hr/> Purpose of Disbursement NET SERVICE CHARGE Candidate Name BLACK REPUBLICAN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.73012 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 110.44
B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK <hr/> Mailing Address 11325 RANDOM HILLS DR <hr/> City FAIRFAX State VA Zip Code 22030 <hr/> Purpose of Disbursement AMEX DISCOUNT FEE Candidate Name BLACK REPUBLICAN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.73014 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 15.94
C.	Full Name (Last, First, Middle Initial) FULFILLMENT HOUSE INC. <hr/> Mailing Address 13860 REDSKIN DRIVE <hr/> City HERNDON State VA Zip Code 20171 <hr/> Purpose of Disbursement DIRECT MAIL - MAILSHOP Candidate Name BLACK REPUBLICAN PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.72967 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1516.98

SUBTOTAL of Disbursements This Page (optional) ▶	1643.36
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
FULFILLMENT HOUSE INC.

Transaction ID: SB21B.73033
Date of Disbursement

Mailing Address 13860 REDSKIN DRIVE

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

City HERNDON State VA Zip Code 20171

Amount of Each Disbursement this Period

Purpose of Disbursement
DIRECT MAIL - MAILSHOP

003
Category/ Type

321.78

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
INTEGRAM

Transaction ID: SB21B.72949
Date of Disbursement

Mailing Address 8421 HILLTOP RD

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	0	9

City FAIRFAX State VA Zip Code 22031

Amount of Each Disbursement this Period

Purpose of Disbursement
DIRECT MAIL - PRINTING

003
Category/ Type

1200.00

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
INTEGRAM

Transaction ID: SB21B.72950
Date of Disbursement

Mailing Address 8421 HILLTOP RD

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	9

City FAIRFAX State VA Zip Code 22031

Amount of Each Disbursement this Period

Purpose of Disbursement
DIRECT MAIL - PRINTING

003
Category/ Type

1800.00

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3321.78

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.72947 Date of Disbursement
	Mailing Address 8421 HILLTOP RD	<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="2000.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.72969 Date of Disbursement
	Mailing Address 8421 HILLTOP RD	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="3370.42"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) INTEGRAM	Transaction ID: SB21B.72970 Date of Disbursement
	Mailing Address 8421 HILLTOP RD	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="2022.78"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7393.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

<p>A. Full Name (Last, First, Middle Initial) INTEGRAM</p> <p>Mailing Address 8421 HILLTOP RD</p> <p>City FAIRFAX State VA Zip Code 22031</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73034 Date of Disbursement 09 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 2346.63</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) INTEGRAM</p> <p>Mailing Address 8421 HILLTOP RD</p> <p>City FAIRFAX State VA Zip Code 22031</p> <p>Purpose of Disbursement DIRECT MAIL - PRINTING</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.73035 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2857.22</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) LEGACY LISTS INC</p> <p>Mailing Address 1155 - 15TH STREET NW SUITE 410</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement LIST RENTALS</p> <p>Candidate Name BLACK REPUBLICAN PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.72971 Date of Disbursement 08 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2810.16</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8014.01

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 125 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) LEGACY LISTS INC	Transaction ID: SB21B.73036 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="1817.75"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEGACY LISTS INC	Transaction ID: SB21B.73015 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="2208.66"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MACKENZIE & COMPANY	Transaction ID: SB21B.72972 Date of Disbursement
	Mailing Address 3464 S UTAH ST	<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period
	Purpose of Disbursement CONSULTING - COMPLIANCE	<input type="text" value="1500.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5526.41"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MACKENZIE & COMPANY	Transaction ID: SB21B.73038 Date of Disbursement																			
	Mailing Address 3464 S UTAH ST	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	9												
	City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONSULTING - COMPLIANCE	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name BLACK REPUBLICAN PAC	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PATTON-KIEHL GROUP	Transaction ID: SB21B.72973 Date of Disbursement																			
	Mailing Address PO BOX 590	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	9												
	City THORNBURG State VA Zip Code 22565	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - MAILSHOP	<table border="1"><tr><td>1245.05</td></tr></table>	1245.05																		
1245.05																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) PATTON-KIEHL GROUP	Transaction ID: SB21B.73039 Date of Disbursement																			
	Mailing Address PO BOX 590	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	0	9												
	City THORNBURG State VA Zip Code 22565	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - MAILSHOP	<table border="1"><tr><td>615.81</td></tr></table>	615.81																		
615.81																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3360.86</td></tr></table>	3360.86
3360.86		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.73016 Date of Disbursement
	Mailing Address MAIN POST OFFICE	<input type="text" value="10"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement PO BOX RENEWAL	<input type="text" value="520.00"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.72951 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="1044.18"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.72974 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="08"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="657.54"/>
	Candidate Name BLACK REPUBLICAN PAC	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2221.72"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU <hr/> Mailing Address 4128 PEPSI PLACE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name BLACK REPUBLICAN PAC 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:	Transaction ID: SB21B.72976 Date of Disbursement 08 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 782.36
B.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU <hr/> Mailing Address 4128 PEPSI PLACE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name BLACK REPUBLICAN PAC 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:	Transaction ID: SB21B.73040 Date of Disbursement 09 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 1317.66
C.	Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU <hr/> Mailing Address 4128 PEPSI PLACE <hr/> City CHANTILLY State VA Zip Code 20151 <hr/> Purpose of Disbursement CAGING & ESCROW SERVICES Candidate Name BLACK REPUBLICAN PAC 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:	Transaction ID: SB21B.73017 Date of Disbursement 10 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 1203.25

SUBTOTAL of Disbursements This Page (optional) ▶	3303.27
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 129 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB21B.73018
Date of Disbursement

11 / 12 / 2009

Amount of Each Disbursement this Period

1415.72

B. Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CAGING & ESCROW SERVICES

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB21B.73019
Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

831.37

SUBTOTAL of Disbursements This Page (optional)

2247.09

TOTAL This Period (last page this line number only)

200621.39

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
ALLEN WEST FOR CONGRESS

Mailing Address PO BOX 30786

City PALM BEACH GARDENS State FL Zip Code 33420

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name
ALLEN B WEST

Office Sought: House
 Senate
 President
State: FL District: 22

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.72977

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 131 / 136

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

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NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)
BLACKWELL FOR CHAIRMAN

Transaction ID: SB29.73021

Date of Disbursement

Mailing Address 693 WINDINGS LN

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	9

City State Zip Code
CINCINNATI OH 45220

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
DONATION

012
Category/ Type

Candidate Name
BLACK REPUBLICAN PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

4000.00

SCHEDULE D (FEC Form 3X)

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)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AVALANCHE SERVICES	Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 53 MCGARRY BLVD	
City State ZIP Code KEARNYSVILLE WV 25430	

Outstanding Balance Beginning This Period 11703.75	Transaction ID: SD10.72916	
Amount Incurred This Period 0.00	Payment This Period 11703.75	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor BASE CONNECT, INC.	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR BRPAC
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 65701.32	Transaction ID: SD10.4113	
Amount Incurred This Period 0.00	Payment This Period 12388.05	Outstanding Balance at Close of This Period 53313.27

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CENTURY DATA MAILING SERVICES	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR BRPAC
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 27430.86	Transaction ID: SD10.4119	
Amount Incurred This Period 70423.34	Payment This Period 97854.20	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	53313.27
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 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 133 / 136
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

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

Outstanding Balance Beginning This Period <input type="text" value="12834.92"/>	Transaction ID: SD10.4114	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="9500.36"/>	Outstanding Balance at Close of This Period <input type="text" value="3334.56"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CONSOLIDATED MAILING SERVICE	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 504 SHAW ROAD SUITE 206	
City State ZIP Code STERLING VA 20166	

Outstanding Balance Beginning This Period <input type="text" value="5139.89"/>	Transaction ID: SD10.63996	
Amount Incurred This Period <input type="text" value="17210.63"/>	Payment This Period <input type="text" value="22350.52"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ELECTRONIC REPORTING SYSTEMS INC	Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 683 BERRYVILLE AVE	
City State ZIP Code WINCHESTER VA 22601	

Outstanding Balance Beginning This Period <input type="text" value="4462.36"/>	Transaction ID: SD10.63979	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2290.10"/>	Outstanding Balance at Close of This Period <input type="text" value="2172.26"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="5506.82"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor FULFILLMENT HOUSE INC.			Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 13860 REDSKIN DRIVE			
City HERNDON	State VA	ZIP Code 20171	

Outstanding Balance Beginning This Period <input type="text" value="1777.38"/>		Transaction ID: SD10.72917	
Amount Incurred This Period <input type="text" value="61.38"/>	Payment This Period <input type="text" value="1838.76"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 8421 HILLTOP RD			
City FAIRFAX	State VA	ZIP Code 22031	

Outstanding Balance Beginning This Period <input type="text" value="9739.83"/>		Transaction ID: SD10.16231	
Amount Incurred This Period <input type="text" value="5857.22"/>	Payment This Period <input type="text" value="15597.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS INC			Nature of Debt (Purpose): FUNDRAISING LIST RENTALS FOR BRPAC
Mailing Address 1155 - 15TH STREET NW SUITE 410			
City WASHINGTON	State DC	ZIP Code 20005	

Outstanding Balance Beginning This Period <input type="text" value="32044.23"/>		Transaction ID: SD10.4117	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6836.57"/>	Outstanding Balance at Close of This Period <input type="text" value="25207.66"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="25207.66"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 135 / 136
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MACKENZIE & COMPANY	Nature of Debt (Purpose): CONSULTING - COMPLIANCE
Mailing Address 3464 S UTAH ST	
City State ZIP Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period 6000.00	Transaction ID: SD10.72919	
Amount Incurred This Period 0.00	Payment This Period 3000.00	Outstanding Balance at Close of This Period 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PATTON-KIEHL GROUP	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address PO BOX 590	
City State ZIP Code THORNBURG VA 22565	

Outstanding Balance Beginning This Period 2050.81	Transaction ID: SD10.63997	
Amount Incurred This Period 0.00	Payment This Period 1860.86	Outstanding Balance at Close of This Period 189.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WASHINGTON INTELLIGENCE BUREAU	Nature of Debt (Purpose): CAGING & ESCROW SERVICES
Mailing Address 4128 PEPSI PLACE	
City State ZIP Code CHANTILLY VA 20151	

Outstanding Balance Beginning This Period 2484.08	Transaction ID: SD10.63998	
Amount Incurred This Period 4768.00	Payment This Period 7252.08	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	▶	3189.95
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 3X)

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)
BLACK REPUBLICAN PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WEST END PRINTING CO

Nature of Debt (Purpose):
DIRECT MAIL FUNDRAISING

Mailing Address 1609 SHERWOOD AVE

City	State	ZIP Code
RICHMOND	VA	23220

Outstanding Balance Beginning This Period

200.00

Transaction ID: SD10.23902

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) SUBTOTALS This Period This Page (optional).....	▶	200.00
2) TOTALS This Period (last page this line number only).....	▶	87417.70
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	87417.70