



**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	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		23312.90
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	15168.25									
(c) Total Receipts (from Line 19) .....	184067.70	363599.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	199235.95	386912.87								
7. Total Disbursements (from Line 31) .....	195818.13	383495.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3417.82	3417.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	94196.34									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
BLACK REPUBLICAN PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	43225.00	73468.16
(ii) Unitemized .....	140842.70	290131.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	184067.70	363599.97
(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) .....	184067.70	363599.97
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)) .....	184067.70	363599.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	184067.70	363599.97

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	176318.13	357995.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	176318.13	357995.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	25500.00
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.....	0.00	0.00
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))..	195818.13	383495.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	195818.13	383495.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	184067.70	363599.97
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	184067.70	363599.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	176318.13	357995.05
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	176318.13	357995.05

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

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

FOR LINE NUMBER: PAGE 6 / 100  
(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)  
MS RUTH ADLER 104  
Mailing Address 5525 INDEPENDENCE AVE  
City BRONX State NY Zip Code 10471  
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 07 / 13 / 2010  
Transaction ID: SA11AI.90347  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHARLES ALBERT 212  
Mailing Address 20 ROLAND CT  
City TOWSON State MD Zip Code 21204  
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  
Date of Receipt 09 / 08 / 2010  
Transaction ID: SA11AI.90367  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
MR BILLY J ANDERSON 212  
Mailing Address 1115 DURST ST  
City BALTIMORE State MD Zip Code 21230  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FEDERAL DEPOSIT INSURANCE CORP Occupation FINANCE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 07 / 07 / 2010  
Transaction ID: SA11AI.90452  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00  
**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 7 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR BILLY J ANDERSON 212	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 1115 DURST ST	<b>Transaction ID:</b> SA11AI.90450
	City State Zip Code BALTIMORE MD 21230	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FEDERAL DEPOSIT INSURANCE CORP	Occupation FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MR BILLY J ANDERSON 212	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 1115 DURST ST	<b>Transaction ID:</b> SA11AI.90451
	City State Zip Code BALTIMORE MD 21230	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer FEDERAL DEPOSIT INSURANCE CORP	Occupation FINANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS BARBARA ANDERSON 306	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1040 GRESHAMS FT	<b>Transaction ID:</b> SA11AI.90441
	City State Zip Code GREENSBORO GA 30642	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 100  
(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 JOHN L ARMISTEAD 282, JR

Mailing Address 7113 CYPRESS CREEK LN

City State Zip Code  
**CHARLOTTE NC 28210**

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 / 30 / 2010

Transaction ID: SA11AI.90497

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR GARY H ARNOLD 222

Mailing Address 5133 1ST ST N

City State Zip Code  
**ARLINGTON VA 22203**

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

Name of Employer  
SELF EMPLOYED

Occupation  
FREELANCE WRITER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

Transaction ID: SA11AI.90505

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR VICTOR ATKINS 931, JR

Mailing Address PO BOX 50117

City State Zip Code  
**SANTA BARBARA CA 93150**

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  
MM / DD / YYYY  
08 / 19 / 2010

Transaction ID: SA11AI.90521

Amount of Each Receipt this Period  
250.00

**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 9 / 100  
(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 BRUCE BABCOCK 613

Mailing Address 317 PALMOR DR

City State Zip Code  
**OTTAWA IL 61350**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**208.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 16 / 2010**

**Transaction ID: SA11AI.90552**

Amount of Each Receipt this Period  
**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR BRUCE BABCOCK 613

Mailing Address 317 PALMOR DR

City State Zip Code  
**OTTAWA IL 61350**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**258.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 18 / 2010**

**Transaction ID: SA11AI.90555**

Amount of Each Receipt this Period  
**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
MR BRUCE BABCOCK 613

Mailing Address 317 PALMOR DR

City State Zip Code  
**OTTAWA IL 61350**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**283.00**

Date of Receipt  
MM / DD / YYYY  
**08 / 25 / 2010**

**Transaction ID: SA11AI.90554**

Amount of Each Receipt this Period  
**25.00**

**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 10 / 100  
(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 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 NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI.90600

Amount of Each Receipt this Period  
35.00

**B.** 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 ALGOOD FOOD CO Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** SA11AI.90650

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR MAXWELL M BELDING 063

Mailing Address 28 SMITH NECK RD

City State Zip Code  
OLD LYME CT 06371

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  
08 / 31 / 2010

**Transaction ID:** SA11AI.90794

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

**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 11 / 100  
(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 HANS BERGSTROM 334  
Mailing Address 2612 SW 15TH ST

City State Zip Code  
DEERFIELD BCH FL 33442

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

Name of Employer Occupation  
PROFESSOR

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

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010  
Transaction ID: SA11AI.90847  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
DR CHESTER BEYER 751, MD  
Mailing Address 577 POLLY RD

City State Zip Code  
SUNNYVALE TX 75182

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

Name of Employer Occupation  
SW ANESTHESIOLOGY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010  
Transaction ID: SA11AI.90882  
Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MR OLIVER W BIVINS 791  
Mailing Address 2028 S AUSTIN ST

City State Zip Code  
AMARILLO TX 79109

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  
MM / DD / YYYY  
08 / 23 / 2010  
Transaction ID: SA11AI.90920  
Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 100  
(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)  
REV LLOYD M BOWDEN 604  
Mailing Address 115 N MAY ST  
City JOLIET State IL Zip Code 60435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation CLERGY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 13 / 2010  
Transaction ID: SA11AI.91053  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR GUY BOWERS 883  
Mailing Address PO BOX 8090  
City RUIDOSO State NM Zip Code 88355  
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 08 / 23 / 2010  
Transaction ID: SA11AI.91060  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MS FUMIE BOYCE 985  
Mailing Address 4532 INTELCO LOOP SE APT 354  
City LACEY State WA Zip Code 98503  
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 / 23 / 2010  
Transaction ID: SA11AI.91069  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 100
	(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 JOHN BRAITHWAITE 788

Mailing Address PO BOX 144

City State Zip Code  
**EL INDIO TX 78860**

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  
**08 / 30 / 2010**

Transaction ID: SA11AI.91093

Amount of Each Receipt this Period  
250.00

**B.**

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  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
**09 / 23 / 2010**

Transaction ID: SA11AI.91103

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 828 VAN BUREN ST

City State Zip Code  
**HERNDON VA 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
**09 / 13 / 2010**

Transaction ID: SA11AI.91184

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

**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 / 100  
(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 BROWN 607

Mailing Address 7029 W SEWARD ST

City NILES State IL Zip Code 60714

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: 09 / 23 / 2010  
**Transaction ID: SA11AI.91206**  
 Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM STEWART BUNDRICK 711

Mailing Address 8712 GLENMORA DR

City SHREVEPORT State LA Zip Code 71106

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: 07 / 19 / 2010  
**Transaction ID: SA11AI.91273**  
 Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM STEWART BUNDRICK 711

Mailing Address 8712 GLENMORA DR

City SHREVEPORT State LA Zip Code 71106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 12 / 2010  
**Transaction ID: SA11AI.91274**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**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 / 100  
(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 KATHRYN G BURNEY 681

Mailing Address 9804 NICHOLAS ST

City State Zip Code  
**OMAHA NE 68114**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

**Transaction ID: SA11AI.91300**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JOANNA CHAMPLIN 731

Mailing Address 6325 HARDEN DR

City State Zip Code  
**OKLAHOMA CITY OK 73118**

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  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID: SA11AI.91514**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MS SYDNEY R CHARLES 553

Mailing Address 1011 FELTL CT APT 803

City State Zip Code  
**HOPKINS MN 55343**

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 ▼  
211.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

**Transaction ID: SA11AI.91531**

Amount of Each Receipt this Period  
53.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **803.00**

**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 16 / 100
	<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 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 ▼ 240.00

Date of Receipt: 09 / 23 / 2010  
Transaction ID: SA11AI.91585  
Amount of Each Receipt this Period: 40.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ELLOINE M CLARK 752

Mailing Address 3716 MAPLEWOOD AVE

City DALLAS State TX Zip Code 75205

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: 08 / 23 / 2010  
Transaction ID: SA11AI.91595  
Amount of Each Receipt this Period: 1000.00

**C.** 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 ▼ 220.00

Date of Receipt: 09 / 30 / 2010  
Transaction ID: SA11AI.91635  
Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1070.00

**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 / 100  
(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 ELEANOR COBB 900

Mailing Address 131 W VISTA ST

City State Zip Code  
**LOS ANGELES CA 90036**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**08 / 12 / 2010**

**Transaction ID: SA11AI.91647**

Amount of Each Receipt this Period  
**300.00**

**B.**

Full Name (Last, First, Middle Initial)  
MRS ELIZABETH K COCHRAN 070

Mailing Address 459 PASSAIC AVE APT 306

City State Zip Code  
**WEST CALDWELL NJ 07006**

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 ▼ **775.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**08 / 12 / 2010**

**Transaction ID: SA11AI.91648**

Amount of Each Receipt this Period  
**775.00**

**C.**

Full Name (Last, First, Middle Initial)  
MRS BETTY R CRAWFORD 527

Mailing Address 2505 IMPERIAL OAKS DR

City State Zip Code  
**MUSCATINE IA 52761**

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

Name of Employer PLU MOR LANES Occupation **BOWLING**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**09 / 08 / 2010**

**Transaction ID: SA11AI.91820**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**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 / 100  
(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 CRAWFORD 950  
Mailing Address 20128 CHATEAU DR  
City State Zip Code  
SARATOGA CA 95070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
INTEL CORP COMPUTER ARCHITECT  
Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 19 / 2010  
Transaction ID: SA11AI.91822  
Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARION CUBBERLEY 088  
Mailing Address 4302 MONROE VLG  
City State Zip Code  
MONROE TOWNSHIP NJ 08831  
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 Y  
07 / 22 / 2010  
Transaction ID: SA11AI.91870  
Amount of Each Receipt this Period  
150.00

**C.** 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) ▼ 2500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2010  
Transaction ID: SA11AI.91964  
Amount of Each Receipt this Period  
1800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2450.00  
**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 / 100  
(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 MATTHEW S DESALVO 068

Mailing Address 52 DAWN HARBOR LN

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer CREDIT SUISSE Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 16 / 2010  
Transaction ID: SA11AI.92075  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES C DOWDY 757

Mailing Address 2810 HOGAN CT

City TYLER State TX Zip Code 75709

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: 09 / 17 / 2010  
Transaction ID: SA11AI.92192  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
CAPT JOHN DRAIN 221

Mailing Address 1703 WARNER AVE

City MC LEAN State VA Zip Code 22101

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

Name of Employer US MILITARY Occupation OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 244.00

Date of Receipt: 08 / 24 / 2010  
Transaction ID: SA11AI.92206  
Amount of Each Receipt this Period: 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1305.00**

**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 / 100  
(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)  
CAPT JOHN DRAIN 221

Mailing Address 1703 WARNER AVE

City State Zip Code  
**MC LEAN VA 22101**

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 ▼ **269.00**

Date of Receipt **09 / 10 / 2010**

**Transaction ID: SA11AI.92203**

Amount of Each Receipt this Period **25.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR WESLEY H EATON 019

Mailing Address 304 BROOKSBY VILLAGE DR UNIT 308

City State Zip Code  
**PEABODY MA 01960**

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 **09 / 23 / 2010**

**Transaction ID: SA11AI.92299**

Amount of Each Receipt this Period **250.00**

**C.**

Full Name (Last, First, Middle Initial)  
MR RONALD ELLIS 112

Mailing Address 2340 E 17TH ST

City State Zip Code  
**BROOKLYN NY 11229**

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 ▼ **330.00**

Date of Receipt **08 / 16 / 2010**

**Transaction ID: SA11AI.92369**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**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 / 100  
(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 ELLIS 112

Mailing Address 2340 E 17TH ST

City State Zip Code  
**BROOKLYN NY 11229**

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 ▼ **380.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**09 / 13 / 2010**

**Transaction ID: SA11AI.92368**

Amount of Each Receipt this Period  
**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR STEVEN J ELLIS 282

Mailing Address 544 N CHURCH ST

City State Zip Code  
**CHARLOTTE NC 28202**

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

Name of Employer WELLS FARGO & COMPANY Occupation **EXECUTIVE VICE 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  
**09 / 14 / 2010**

**Transaction ID: SA11AI.92371**

Amount of Each Receipt this Period  
**250.00**

**C.**

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

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 UNIV HOSP OF CLEVELAND Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**09 / 07 / 2010**

**Transaction ID: SA11AI.92570**

Amount of Each Receipt this Period  
**150.00**

**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 22 / 100  
(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 EILEEN M FORD 117  
Mailing Address 3662 IONIA ST

City State Zip Code  
SEAFORD NY 11783

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

Name of Employer NONE Occupation NOT EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: SA11AI.92621

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MS VICTORIA I FORD 322  
Mailing Address 4303 FOREST PARK RD

City State Zip Code  
JACKSONVILLE FL 32210

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.92625

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR ERNEST V FORTIN 342  
Mailing Address 4574 HIGHLAND OAKS CIR

City State Zip Code  
SARASOTA FL 34235

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  
M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.92632

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

**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 / 100  
(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 MARION M FRANK 448  
Mailing Address 6948 TOWNSHIP ROAD 451  
City LOUDONVILLE State OH Zip Code 44842  
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 08 / 31 / 2010  
Transaction ID: SA11AI.92669  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
MRS LEAH FRANKEL 334  
Mailing Address 478 MARINER DR  
City JUPITER State FL Zip Code 33477  
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 / 10 / 2010  
Transaction ID: SA11AI.92670  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS IRENE FULTON 940  
Mailing Address 12238 COLINA DR  
City LOS ALTOS HILLS State CA Zip Code 94024  
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 ▼ 238.00  
Date of Receipt 09 / 07 / 2010  
Transaction ID: SA11AI.92726  
Amount of Each Receipt this Period 50.00

**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 24 / 100  
(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 SELF EMPLOYED Occupation INSURANCE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

Transaction ID: SA11AI.92777

Amount of Each Receipt this Period  
25.00

**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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

Transaction ID: SA11AI.92776

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS RUTH GEALY 693

Mailing Address 1978 690TH RD

City State Zip Code  
GORDON NE 69343

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  
MM / DD / YYYY  
07 / 28 / 2010

Transaction ID: SA11AI.92794

Amount of Each Receipt this Period  
50.00

**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 25 / 100  
(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 RUTH GEALY 693  
Mailing Address 1978 690TH RD

City State Zip Code  
GORDON NE 69343

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 08 / 30 / 2010  
Transaction ID: SA11AI.92795  
Amount of Each Receipt this Period: 75.00

**B.** Full Name (Last, First, Middle Initial)  
MS JANE F GELDERMANN 600  
Mailing Address 1410 SHERIDAN RD APT 5D

City State Zip Code  
WILMETTE IL 60091

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: 08 / 16 / 2010  
Transaction ID: SA11AI.92807  
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 ALHADEFF & SOLAR L.L.P Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 09 / 2010  
Transaction ID: SA11AI.92965  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 100  
(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)  
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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

Transaction ID: SA11AI.92964

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: SA11AI.92963

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 ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Transaction ID: SA11AI.92966

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 27 / 100  
(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 DONALD GUMPERS 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 Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: SA11AI.93109  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MR HAROLD H HARMS 510  
Mailing Address PO BOX 78  
City BRUNSVILLE State IA Zip Code 51008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer IOWA PRAIRIE BANK Occupation BANK EMPLOYEE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11AI.93279  
Amount of Each Receipt this Period 50.00

**C.** 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 ▼ 205.00  
Date of Receipt 09 / 16 / 2010  
Transaction ID: SA11AI.93349  
Amount of Each Receipt this Period 25.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 100  
(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 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 ▼ 350.00  
Date of Receipt 07 / 20 / 2010  
Transaction ID: SA11AI.93383  
Amount of Each Receipt this Period 75.00

**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 ▼ 450.00  
Date of Receipt 08 / 10 / 2010  
Transaction ID: SA11AI.93381  
Amount of Each Receipt this Period 100.00

**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 ▼ 525.00  
Date of Receipt 08 / 24 / 2010  
Transaction ID: SA11AI.93382  
Amount of Each Receipt this Period 75.00

**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 29 / 100

(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 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.93570

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)  
MR WILLIAM JACKY 891

Mailing Address 8332 FAWN BROOK CT

City	State	Zip Code
LAS VEGAS	NV	89149

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 ▼ 207.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.93746

Amount of Each Receipt this Period

38.00

C.

Full Name (Last, First, Middle Initial)  
DR JEANNE JAGGARD 074, MD

Mailing Address 16 APACHE RD

City	State	Zip Code
WAYNE	NJ	07470

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 ▼ 300.00
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Date of Receipt

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

Transaction ID: SA11AI.93759

Amount of Each Receipt this Period

300.00

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

363.00

**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 / 100  
(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 JEANNE JAGGARD 074, MD

Mailing Address 16 APACHE RD

City State Zip Code  
**WAYNE NJ 07470**

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 ▼ **350.00**

Date of Receipt **09 / 07 / 2010**

**Transaction ID: SA11AI.93760**

Amount of Each Receipt this Period **50.00**

**B.** Full Name (Last, First, Middle Initial)  
MR JAMES JAKOBEK 024

Mailing Address 50 BURR DR

City State Zip Code  
**NEEDHAM MA 02492**

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 **08 / 18 / 2010**

**Transaction ID: SA11AI.93764**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
MR HENRY JEZEK 765

Mailing Address 3819 CHISHOLM TRL

City State Zip Code  
**TEMPLE TX 76504**

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**

Date of Receipt **08 / 17 / 2010**

**Transaction ID: SA11AI.93806**

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 31 / 100  
(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 HOUSTON State TX Zip Code 77041

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 09 / 2010  
**Transaction ID: SA11AI.93955**  
 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 ▼ 500.00

Date of Receipt: 09 / 16 / 2010  
**Transaction ID: SA11AI.93954**  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS LINDA KENDALL 330

Mailing Address 50 CLUB HOUSE RD

City KEY LARGO State FL Zip Code 33037

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: 07 / 12 / 2010  
**Transaction ID: SA11AI.94045**  
 Amount of Each Receipt this Period: 500.00

**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 32 / 100

(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 LINDA G KENDALL 941

Mailing Address 2151 LAGUNA ST

City State Zip Code  
SAN FRANCISCO CA 94115

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 ▼ 1500.00

Date of Receipt

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

Transaction ID: SA11AI.94046

Amount of Each Receipt this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
JOHN G KIDD 019

Mailing Address 118 MAIN ST

City State Zip Code  
TOPSFIELD MA 01983

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

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

Transaction ID: SA11AI.94068

Amount of Each Receipt this Period

250.00
--------

**C.**

Full Name (Last, First, Middle Initial)  
THOMAS W KIMMEL 477

Mailing Address 3530 W BOONVILLE NEW HARMONY RD

City State Zip Code  
EVANSVILLE IN 47720

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

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	0

Transaction ID: SA11AI.94089

Amount of Each Receipt this Period

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

1000.00
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**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 33 / 100  
(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 LEONARD M KIRK 210  
Mailing Address 6 HUNTER DR  
City BEL AIR State MD Zip Code 21014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 08 / 03 / 2010  
Transaction ID: SA11AI.94116  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR WALTER H KLEINER 980  
Mailing Address 1725 89TH PL NE  
City CLYDE HILL State WA Zip Code 98004  
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 / 03 / 2010  
Transaction ID: SA11AI.94134  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MR WALTER H KLEINER 980  
Mailing Address 1725 89TH PL NE  
City CLYDE HILL State WA Zip Code 98004  
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 08 / 24 / 2010  
Transaction ID: SA11AI.94133  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00  
**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 / 100

(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 DONALD KORTEBEIN 532

Mailing Address 3838 N OAKLAND AVE APT 366

City State Zip Code  
MILWAUKEE WI 53211

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 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.94207

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT KRAMER 342

Mailing Address 1233 N GULFSTREAM AVE UNIT 140

City State Zip Code  
SARASOTA FL 34236

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  
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.94222

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT KRAMER 342

Mailing Address 1233 N GULFSTREAM AVE UNIT 140

City State Zip Code  
SARASOTA FL 34236

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.94223

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 35 / 100  
(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 EVELINA F KROUT 968  
Mailing Address 2124 HAKANU ST  
City HONOLULU State HI Zip Code 96821  
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 ▼ 325.00  
Date of Receipt 09 / 13 / 2010  
Transaction ID: SA11AI.94250  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
MR THOMAS F KYLE 130, III  
Mailing Address 215 SUMMERHAVEN DR S  
City EAST SYRACUSE State NY Zip Code 13057  
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 / 13 / 2010  
Transaction ID: SA11AI.94285  
Amount of Each Receipt this Period 175.00

**C.** Full Name (Last, First, Middle Initial)  
MR WALTER LAKE 933  
Mailing Address PO BOX 2248  
City BAKERSFIELD State CA Zip Code 93303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RAIN FOR RENT Occupation VICE PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 08 / 23 / 2010  
Transaction ID: SA11AI.94314  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1325.00  
**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 / 100  
(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 BELINA L LAZZAR 920  
Mailing Address PO BOX 8686

City State Zip Code  
RANCHO SANTA FE CA 92067

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: MM / DD / YYYY  
09 / 14 / 2010  
Transaction ID: SA11AI.94391  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
FRANCES LEMAY 468  
Mailing Address 712 W FAIRFAX AVE

City State Zip Code  
FORT WAYNE IN 46807

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: MM / DD / YYYY  
09 / 23 / 2010  
Transaction ID: SA11AI.94443  
Amount of Each Receipt this Period: 150.00

**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 ▼ 2700.00

Date of Receipt: MM / DD / YYYY  
09 / 30 / 2010  
Transaction ID: SA11AI.94470  
Amount of Each Receipt this Period: 500.00

**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 / 100  
(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 LINTHORST 105

Mailing Address 19 HUNTWOOD PL

City State Zip Code  
MOUNT VERNON NY 10552

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

Name of Employer Occupation  
PRICE WATERHOUSE COOPERS MANAGEMENT CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2010

**Transaction ID:** SA11AI.94512

Amount of Each Receipt this Period  
100.00

**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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2010

**Transaction ID:** SA11AI.94545

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS YVONNE M LYON 346

Mailing Address 3025 LEPRECHAUN LN

City State Zip Code  
PALM HARBOR FL 34683

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  
MM / DD / YYYY  
09 / 21 / 2010

**Transaction ID:** SA11AI.94621

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 38 / 100  
(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 CHARLES MATTHEWS 600  
Mailing Address 321 GRAND AVE  
City WAUKEGAN State IL Zip Code 60085  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MATTHEWS EMPLOYMENT INC Occupation BUSINESS OWNER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 08 / 30 / 2010  
Transaction ID: SA11AI.94789  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR PAUL J MCGOLDRICK 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 ▼ 250.00  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11AI.94887  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MR PAUL J MCGOLDRICK 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 ▼ 500.00  
Date of Receipt 09 / 20 / 2010  
Transaction ID: SA11AI.94888  
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 100  
(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 BRENT W MEADOWS 744

Mailing Address 12498 S 305TH EAST AVE

City State Zip Code  
COWETA OK 74429

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

Name of Employer Occupation  
PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** SA11AI.94976

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
CAPT RICHARDS T MILLER 214

Mailing Address 7101 BAY FRONT DR APT 316

City State Zip Code  
ANNAPOLIS MD 21403

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

Name of Employer Occupation  
US NAVY RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 09 / 2010

**Transaction ID:** SA11AI.95072

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
CAPT RICHARDS T MILLER 214

Mailing Address 7101 BAY FRONT DR APT 316

City State Zip Code  
ANNAPOLIS MD 21403

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

Name of Employer Occupation  
US NAVY RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI.95073

Amount of Each Receipt this Period  
150.00

**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 40 / 100  
(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 THOMAS MIMS 770, MD

Mailing Address 1655 BANKS ST

City HOUSTON State TX Zip Code 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 ▼ 450.00

Date of Receipt: 08 / 12 / 2010  
Transaction ID: SA11AI.95097  
Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DANIEL S MONACO 151

Mailing Address 533 ALLEGHENY AVE

City OAKMONT State PA Zip Code 15139

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 09 / 24 / 2010  
Transaction ID: SA11AI.95146  
Amount of Each Receipt this Period: 45.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT L MOORE 441

Mailing Address 20549 BYRON RD

City SHAKER HEIGHTS State OH Zip Code 44122

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: 09 / 20 / 2010  
Transaction ID: SA11AI.95176  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **495.00**

**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 / 100  
(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 JOSEPH MOORE III 853

Mailing Address PO BOX 5132

City

SUN CITY WEST

State

AZ

Zip Code

85376

FEC ID number of contributing federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.95195

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

IA MORRIS 144

Mailing Address 2867 OUTLET RD

City

CLIFTON SPRINGS

State

NY

Zip Code

14432

FEC ID number of contributing federal political committee.

C

Name of Employer  
GW LISK CO INC

Occupation  
ENGINEER

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

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

Transaction ID: SA11AI.95218

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MS CHELI MYERS 750

Mailing Address 14818 SOPRAS CIR

City

ADDISON

State

TX

Zip Code

75001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.95316

Amount of Each Receipt this Period

25.00

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

1325.00

**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 / 100  
(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 ▼ 600.00  
Date of Receipt: 07 / 20 / 2010  
Transaction ID: SA11AI.95319  
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 ▼ 800.00  
Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.95318  
Amount of Each Receipt this Period 200.00

**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 ▼ 850.00  
Date of Receipt: 08 / 27 / 2010  
Transaction ID: SA11AI.95317  
Amount of Each Receipt this Period 50.00

**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 43 / 100

(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)

KAREN A NELSON 999

Mailing Address PO BOX 9103

City State Zip Code  
KETCHIKAN AK 99901

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

Name of Employer Occupation  
SELF EMPLOYED TUTOR

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 08 / 2010

Transaction ID: SA11AI.95354

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

MR RONALD A NEVILLE 658

Mailing Address 3541 E KINGSWOOD DR

City State Zip Code  
SPRINGFIELD MO 65809

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

Name of Employer Occupation  
SELF EMPLOYED INVESTOR

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 16 / 2010

Transaction ID: SA11AI.95375

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

MR PHILLIP NICOZISIS 334

Mailing Address 301 CLEMATIS ST

City State Zip Code  
WEST PALM BCH FL 33401

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 17 / 2010

Transaction ID: SA11AI.95397

Amount of Each Receipt this Period  
100.00

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

600.00

**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 / 100  
(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 NIKKEL 741

Mailing Address 6625 S JAMESTOWN AVE

City State Zip Code  
TULSA OK 74136

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  
09 / 07 / 2010

**Transaction ID:** SA11AI.95410

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

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  
MM / DD / YYYY  
08 / 05 / 2010

**Transaction ID:** SA11AI.95480

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MR RAY P ODEN 711, JR

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106

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 ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** SA11AI.95479

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 / 100

(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)  
REV EDMUND W OLIFIERS 209, JR

Mailing Address 2129 BUCKNELL TER

City State Zip Code  
SILVER SPRING MD 20902

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

Name of Employer Occupation  
CLERGY

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 09 / 2010

Transaction ID: SA11AI.95500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)  
REV EDMUND W OLIFIERS 209, JR

Mailing Address 2129 BUCKNELL TER

City State Zip Code  
SILVER SPRING MD 20902

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

Name of Employer Occupation  
CLERGY

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.95499

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804

Mailing Address 32743 UPPER BEAR CREEK RD

City State Zip Code  
EVERGREEN CO 80439

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  
08 / 12 / 2010

Transaction ID: SA11AI.95556

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 46 / 100

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804

Mailing Address 32743 UPPER BEAR CREEK RD

City State Zip Code  
EVERGREEN CO 80439

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  
09 / 07 / 2010

Transaction ID: SA11AI.95555

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS EDITH P PALMER 109

Mailing Address 282 LAROE RD

City State Zip Code  
CHESTER NY 10918

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 ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11AI.95580

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JAMES PANKONIEN 537

Mailing Address 2313 GOLD DR

City State Zip Code  
FITCHBURG WI 53711

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  
09 / 14 / 2010

Transaction ID: SA11AI.95596

Amount of Each Receipt this Period  
75.00

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

375.00

**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 / 100  
(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 PENSON 752

Mailing Address 3756 ARMSTRONG AVE

City State Zip Code  
**DALLAS TX 75205**

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

Name of Employer Occupation  
PENSON PROPERTIES INC INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **07 / 26 / 2010**

**Transaction ID: SA11AI.95699**

Amount of Each Receipt this Period **200.00**

**B.**

Full Name (Last, First, Middle Initial)  
LTC STEPHEN PERCY 063

Mailing Address 14 NEW SHORE RD

City State Zip Code  
**WATERFORD CT 06385**

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

Name of Employer Occupation  
US MARINE CORPS RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 13 / 2010**

**Transaction ID: SA11AI.95701**

Amount of Each Receipt this Period **50.00**

**C.**

Full Name (Last, First, Middle Initial)  
MRS MARIE PERO 980

Mailing Address 3037 122ND PL NE

City State Zip Code  
**BELLEVUE WA 98005**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **07 / 01 / 2010**

**Transaction ID: SA11AI.95709**

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 48 / 100  
(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 DUWAYNE PETERSON 553

Mailing Address 1215 W SHORE DR SW

City HUTCHINSON State MN Zip Code 55350

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 / 17 / 2010  
Transaction ID: SA11AI.95727  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MR GLENN PICKETT 596

Mailing Address 701 COLE AVE

City HELENA State MT Zip Code 59601

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 / 10 / 2010  
Transaction ID: SA11AI.95769  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
MR GLENN PICKETT 596

Mailing Address 701 COLE AVE

City HELENA State MT Zip Code 59601

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: 08 / 26 / 2010  
Transaction ID: SA11AI.95770  
Amount of Each Receipt this Period: 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

**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 49 / 100
	<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 GLENN PICKETT 596

Mailing Address 701 COLE AVE

City HELENA State MT Zip Code 59601

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: 09 / 07 / 2010  
**Transaction ID: SA11AI.95772**  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
DALLAS PRYOR 748

Mailing Address PO BOX 64

City HOLDENVILLE State OK Zip Code 74848

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

Name of Employer SELF EMPLOYED Occupation OILFIELD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 19 / 2010  
**Transaction ID: SA11AI.95910**  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
LENORA PUSTA 855

Mailing Address 138 W SUNFLOWER DR

City PAYSON State AZ Zip Code 85541

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: 07 / 19 / 2010  
**Transaction ID: SA11AI.95926**  
 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 50 / 100  
(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 LLOYD B PUTMAN 826

Mailing Address PO BOX 1655

City Mills State WY Zip Code 82644

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: 07 / 22 / 2010  
Transaction ID: SA11AI.95928  
Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR LLOYD B PUTMAN 826

Mailing Address PO BOX 1655

City Mills State WY Zip Code 82644

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: 09 / 07 / 2010  
Transaction ID: SA11AI.95927  
Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS BEATRICE R PUTNAM 050

Mailing Address 225 PUTNAM RD

City NEWBURY State VT Zip Code 05051

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: 08 / 24 / 2010  
Transaction ID: SA11AI.95931  
Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

**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 / 100  
(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 BEATRICE R PUTNAM 050  
Mailing Address 225 PUTNAM RD

City State Zip Code  
NEWBURY VT 05051

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: MM / DD / YYYY  
09 / 14 / 2010  
Transaction ID: SA11AI.95929  
Amount of Each Receipt this Period: 75.00

**B.** Full Name (Last, First, Middle Initial)  
MISS BEATRICE R PUTNAM 050  
Mailing Address 225 PUTNAM RD

City State Zip Code  
NEWBURY VT 05051

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 ▼ 525.00

Date of Receipt: MM / DD / YYYY  
09 / 24 / 2010  
Transaction ID: SA11AI.95930  
Amount of Each Receipt this Period: 75.00

**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 ▼ 220.00

Date of Receipt: MM / DD / YYYY  
08 / 24 / 2010  
Transaction ID: SA11AI.95966  
Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

**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 / 100  
(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 V BIRCH RAMBO 294, MD

Mailing Address 201 W 9TH NORTH ST UNIT 157

City State Zip Code  
**SUMMERVILLE SC 29483**

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

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID: SA11AI.95971**

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 201 W 9TH NORTH ST UNIT 157

City State Zip Code  
**SUMMERVILLE SC 29483**

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

Name of Employer  
SELF EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
298.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID: SA11AI.95970**

Amount of Each Receipt this Period  
77.00

**C.**

Full Name (Last, First, Middle Initial)  
R REAVES 927

Mailing Address 10831 SKYLINE DR

City State Zip Code  
**SANTA ANA CA 92705**

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  
08 / 10 / 2010

**Transaction ID: SA11AI.96027**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **287.00**

**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 / 100

(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 MICHAEL S REAVEY 173

Mailing Address 200 LONGVIEW BLVD

City State Zip Code  
GETTYSBURG PA 17325

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  
09 / 08 / 2010

Transaction ID: SA11AI.96030

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MICHAEL S REAVEY 173

Mailing Address 200 LONGVIEW BLVD

City State Zip Code  
GETTYSBURG PA 17325

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  
09 / 27 / 2010

Transaction ID: SA11AI.96029

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS CAROL J REUTER 112

Mailing Address 8201 4TH AVE

City State Zip Code  
BROOKLYN NY 11209

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) ▼ 201.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.96094

Amount of Each Receipt this Period  
100.00

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

200.00

**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 / 100  
(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 LYNN A REVAK 775

Mailing Address 20 BAY HARBOR DR

City State Zip Code  
LA PORTE TX 77571

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: 08 / 30 / 2010  
Transaction ID: SA11AI.96099  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR DONALD B RICE 900

Mailing Address 10126 EMPYREAN WAY APT 103

City State Zip Code  
LOS ANGELES CA 90067

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

Name of Employer AGENSYS, INC Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 10 / 2010  
Transaction ID: SA11AI.96127  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MS M RICHARDSON 288

Mailing Address 1617 HENDERSONVILLE RD

City State Zip Code  
ASHEVILLE NC 28803

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: 07 / 19 / 2010  
Transaction ID: SA11AI.96144  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 100

(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 M RICHARDSON 288

Mailing Address 1617 HENDERSONVILLE RD

City State Zip Code  
ASHEVILLE NC 28803

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) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 09 / 2010

Transaction ID: SA11AI.96147

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MS M RICHARDSON 288

Mailing Address 1617 HENDERSONVILLE RD

City State Zip Code  
ASHEVILLE NC 28803

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) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 19 / 2010

Transaction ID: SA11AI.96146

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MS M RICHARDSON 288

Mailing Address 1617 HENDERSONVILLE RD

City State Zip Code  
ASHEVILLE NC 28803

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) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11AI.96145

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 56 / 100

(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)  
KATHLEEN M ROBE 926

Mailing Address 2851 CAROB ST

City State Zip Code  
NEWPORT BEACH CA 92660

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
0	8		1	8		2	0	1	0

Transaction ID: SA11AI.96216

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
KATHLEEN M ROBE 926

Mailing Address 2851 CAROB ST

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt

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

Transaction ID: SA11AI.96215

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN M ROBE 926

Mailing Address 2851 CAROB ST

City State Zip Code  
NEWPORT BEACH CA 92660

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt

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

Transaction ID: SA11AI.96214

Amount of Each Receipt this Period

100.00

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 57 / 100
	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR FREDERICK ROSS 070		Date of Receipt	
	Mailing Address 47 HATHAWAY LN		M M / D D / Y Y Y Y 08 / 30 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.96355
	ESSEX FELLS	NJ	07021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		600.00	
Name of Employer SELF EMPLOYED		Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		800.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MR FREDERICK ROSS 070		Date of Receipt	
	Mailing Address 47 HATHAWAY LN		M M / D D / Y Y Y Y 09 / 07 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.96356
	ESSEX FELLS	NJ	07021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		200.00	
Name of Employer SELF EMPLOYED		Occupation BUSINESS OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS NANCY B ROTH 939		Date of Receipt	
	Mailing Address 8545 CARMEL VALLEY RD		M M / D D / Y Y Y Y 08 / 16 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.96367
	CARMEL	CA	93923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼		
		300.00		

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

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

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

FOR LINE NUMBER: PAGE 58 / 100

(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 NANCY B ROTH 939

Mailing Address 8545 CARMEL VALLEY RD

City State Zip Code  
CARMEL CA 93923

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2010

Transaction ID: SA11AI.96368

Amount of Each Receipt this Period

100.00

**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

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 ▼ 1265.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 15 / 2010

Transaction ID: SA11AI.96474

Amount of Each Receipt this Period

120.00

**C.**

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

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 ▼ 1405.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 06 / 2010

Transaction ID: SA11AI.96473

Amount of Each Receipt this Period

140.00

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

360.00

**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 59 / 100
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR EDWIN C SANDHAM 349		Date of Receipt
	Mailing Address 1964 SW SAINT ANDREWS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2010
	City	State	Zip Code
	PALM CITY	FL	34990
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.96476
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer NONE		Occupation RETIRED	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	150.00
		<input type="text"/>	1555.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MR EDWIN C SANDHAM 349		Date of Receipt
	Mailing Address 1964 SW SAINT ANDREWS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 25 / 2010
	City	State	Zip Code
	PALM CITY	FL	34990
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.96472
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer NONE		Occupation RETIRED	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	225.00
		<input type="text"/>	1780.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MR EDWIN C SANDHAM 349		Date of Receipt
	Mailing Address 1964 SW SAINT ANDREWS DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2010
	City	State	Zip Code
	PALM CITY	FL	34990
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.96477
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer NONE		Occupation RETIRED	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	200.00
		<input type="text"/>	1980.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 100

(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 EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City State Zip Code  
PALM CITY FL 34990

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) ▼ 2205.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: SA11AI.96475

Amount of Each Receipt this Period

225.00

**B.**

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 Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 487.44

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: SA11AI.96480

Amount of Each Receipt this Period

100.00

**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

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) ▼ 537.44

Date of Receipt

M M / D D / Y Y Y Y  
08 / 09 / 2010

Transaction ID: SA11AI.96481

Amount of Each Receipt this Period

50.00

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

375.00

**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 61 / 100  
(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 ▼ 637.44

Date of Receipt: MM / DD / YYYY  
08 / 30 / 2010  
Transaction ID: SA11AI.96483  
Amount of Each Receipt this Period: 100.00

**B.** 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 ▼ 737.44

Date of Receipt: MM / DD / YYYY  
09 / 08 / 2010  
Transaction ID: SA11AI.96479  
Amount of Each Receipt this Period: 100.00

**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

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 ▼ 791.44

Date of Receipt: MM / DD / YYYY  
09 / 27 / 2010  
Transaction ID: SA11AI.96482  
Amount of Each Receipt this Period: 54.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 254.00

**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 / 100  
(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 ANN SCHUTT 207  
Mailing Address 3021 CHAPEL VIEW DR  
City BELTSVILLE State MD Zip Code 20705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MONTGOMERY CO PUBLIC SCH Occupation TEACHER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 07 / 07 / 2010  
Transaction ID: SA11AI.96625  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MR NORMAN SCHWOTZER 152  
Mailing Address 730 BOWER HILL RD APT 302  
City PITTSBURGH State PA Zip Code 15243  
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 07 / 22 / 2010  
Transaction ID: SA11AI.96641  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
MR RUSSELL J SCHWULST 832  
Mailing Address 334 OLD OREGON RD  
City SODA SPRINGS State ID Zip Code 83276  
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 ▼ 208.00  
Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.96643  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 830.00  
**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 / 100

(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 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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: SA11AI.96646

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN SIAS 941

Mailing Address 1100 SACRAMENTO ST APT 1002

City State Zip Code  
SAN FRANCISCO CA 94108

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

Name of Employer Occupation  
CHRONICLE PUBLISHING INC PRESIDENT

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 09 / 2010

Transaction ID: SA11AI.96760

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN J SIEFFERT 480, JR

Mailing Address 740 RANDALL DR

City State Zip Code  
TROY MI 48085

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  
07 / 22 / 2010

Transaction ID: SA11AI.96766

Amount of Each Receipt this Period

300.00

**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 64 / 100  
(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 J SIEFFERT 480, JR

Mailing Address 740 RANDALL DR

City State Zip Code  
TROY MI 48085

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.96767

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN J SIEFFERT 480, JR

Mailing Address 740 RANDALL DR

City State Zip Code  
TROY MI 48085

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11AI.96768

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
MR EDVIN SKURDAL 640

Mailing Address 501 BOWEN DR

City State Zip Code  
RAYMORE MO 64083

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 ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

Transaction ID: SA11AI.96838

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **530.00**

**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 65 / 100  
(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 EDVIN SKURDAL 640

Mailing Address 501 BOWEN DR

City RAYMORE State MO Zip Code 64083

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 08 / 10 / 2010  
**Transaction ID: SA11AI.96836**  
 Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
MR EDVIN SKURDAL 640

Mailing Address 501 BOWEN DR

City RAYMORE State MO Zip Code 64083

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 / 24 / 2010  
**Transaction ID: SA11AI.96837**  
 Amount of Each Receipt this Period: 40.00

**C.**

Full Name (Last, First, Middle Initial)  
MR EDVIN SKURDAL 640

Mailing Address 501 BOWEN DR

City RAYMORE State MO Zip Code 64083

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 / 08 / 2010  
**Transaction ID: SA11AI.96839**  
 Amount of Each Receipt this Period: 50.00

**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 66 / 100  
(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)  
COL RAY H SMITH 296

Mailing Address 228 LAKESIDE CIR

City State Zip Code  
GREENVILLE SC 29615

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** SA11AI.96900

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT F SPROWLS 920

Mailing Address 6929 SANDPIPER PL

City State Zip Code  
CARLSBAD CA 92009

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

Name of Employer Occupation  
SELF EMPLOYED CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** SA11AI.97043

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MS DIAN GRAVES STAI 786

Mailing Address 1286 CHERRY SPRING RD

City State Zip Code  
FREDERICKSBURG TX 78624

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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** SA11AI.97051

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 100  
(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 BOYD W STEPHENSON 244

Mailing Address PO BOX 104

City State Zip Code  
**MONTEREY VA 24465**

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 ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**09 20 2010**

**Transaction ID: SA11AI.97119**

Amount of Each Receipt this Period  
**150.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT STICKEL 921

Mailing Address 2666 DOVE ST

City State Zip Code  
**SAN DIEGO CA 92103**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**08 09 2010**

**Transaction ID: SA11AI.97144**

Amount of Each Receipt this Period  
**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
MR HERBERT STOCKHAM 352

Mailing Address 2940 ARGYLE RD

City State Zip Code  
**BIRMINGHAM AL 35213**

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  
**09 07 2010**

**Transaction ID: SA11AI.97157**

Amount of Each Receipt this Period  
**250.00**

**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 68 / 100  
(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 SUNDERLAND 890  
Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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: 07 / 19 / 2010  
Transaction ID: SA11AI.97259  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890  
Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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: 08 / 09 / 2010  
Transaction ID: SA11AI.97257  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890  
Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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: 08 / 24 / 2010  
Transaction ID: SA11AI.97258  
Amount of Each Receipt this Period: 50.00

**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 69 / 100  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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: 09 / 07 / 2010  
**Transaction ID: SA11AI.97260**  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND 890

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011

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 / 21 / 2010  
**Transaction ID: SA11AI.97261**  
 Amount of Each Receipt this Period: 50.00

**C.**

Full Name (Last, First, Middle Initial)  
CLIFFORD H SWENSEN 479, JR

Mailing Address 1700 LINDBERG RD

City WEST LAFAYETTE State IN Zip Code 47906

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

Name of Employer PURDUE UNIVERSITY Occupation PROFESSOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 10 / 2010  
**Transaction ID: SA11AI.97300**  
 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 70 / 100  
(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 DONALD TAYLOR 211

Mailing Address 3500 NICHOLSON RD

City State Zip Code  
**WESTMINSTER MD 21157**

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 / 25 / 2010

**Transaction ID: SA11AI.97343**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WALLACE TIPPERY 985

Mailing Address 120 WILLIAM FAULKNER DR

City State Zip Code  
**CENTRALIA WA 98531**

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 ▼  
288.00

Date of Receipt  
07 / 22 / 2010

**Transaction ID: SA11AI.97446**

Amount of Each Receipt this Period  
113.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT S TROTH 358

Mailing Address 18 SAINT CHARLES SQ

City State Zip Code  
**HUNTSVILLE AL 35801**

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  
09 / 14 / 2010

**Transaction ID: SA11AI.97518**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 463.00

**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 / 100  
(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 VALERIUS 750

Mailing Address 1809 CANTERBURY

City State Zip Code  
IRVING TX 75062

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

M M / D D / Y Y Y Y  
08 / 24 / 2010

Transaction ID: SA11AI.97608

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WAYNE WAGGONER 624

Mailing Address 1616 CEDAR ST # 19-D

City State Zip Code  
LAWRENCEVILLE IL 62439

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  
08 / 23 / 2010

Transaction ID: SA11AI.97705

Amount of Each Receipt this Period

250.00

**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 Occupation  
SELF EMPLOYED FARMER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2010

Transaction ID: SA11AI.97720

Amount of Each Receipt this Period

300.00

**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 72 / 100

(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 MARSHALL D WARD 921

Mailing Address 3229 28TH ST

City State Zip Code  
SAN DIEGO CA 92104

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 8 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.97800

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
MS CHERYL L WEBSTER 950

Mailing Address 3485 HAAS DR

City State Zip Code  
APTOS CA 95003

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

Name of Employer Occupation  
NOREN PRODUCTS INC VICE PRESIDENT

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.97876

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BRUCE WETZEL 435

Mailing Address 7550 CODER RD

City State Zip Code  
MAUMEE OH 43537

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

Name of Employer Occupation  
SELF EMPLOYED REALTOR

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

Date of Receipt

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

Transaction ID: SA11AI.97951

Amount of Each Receipt this Period

200.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 73 / 100  
(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 JAMES WHITCOMB 852, JR  
Mailing Address 22840 N COUNTRY CLUB TRL  
City State Zip Code  
SCOTTSDALE AZ 85255  
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  
08 / 10 / 2010  
Transaction ID: SA11AI.97963  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
MRS MARGARET A WILSON 787  
Mailing Address 2005 ARTHUR LN  
City State Zip Code  
AUSTIN TX 78704  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation PROFESSOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY  
09 / 27 / 2010  
Transaction ID: SA11AI.98079  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS BARBARA H WILSON 941  
Mailing Address 2540 GREEN ST  
City State Zip Code  
SAN FRANCISCO CA 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 ▼ 500.00  
Date of Receipt MM / DD / YYYY  
09 / 23 / 2010  
Transaction ID: SA11AI.98084  
Amount of Each Receipt this Period 250.00

**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 74 / 100

(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)  
BRYAN WRIGHT 208

Mailing Address 21129 GOLF ESTATES DR

City State Zip Code  
GAITHERSBURG MD 20882

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

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

Transaction ID: SA11AI.98176

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR REXFORD YOUNG 236

Mailing Address 147 WINDSOR CASTLE DR

City State Zip Code  
NEWPORT NEWS VA 23608

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
0	8		1	6		2	0	1	0

Transaction ID: SA11AI.98221

Amount of Each Receipt this Period  
400.00

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

650.00

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

43225.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADKINS EXPOSURES</p> <p>Mailing Address 1308 RHODE ISLAND AVE NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement WEBSITE / BLOG</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><b>Transaction ID:</b> SB21B.90264 <b>Date of Disbursement</b> 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Category/Type: 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) BASE CONNECT, 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 DIRECT MAIL - CREATIVE</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><b>Transaction ID:</b> SB21B.90234 <b>Date of Disbursement</b> 07 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5524.29</p> <p>Category/Type: 003</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BASE CONNECT, 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 DIRECT MAIL - CREATIVE</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><b>Transaction ID:</b> SB21B.90236 <b>Date of Disbursement</b> 07 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 3343.85</p> <p>Category/Type: 003</p>

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

9268.14

**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

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) BASE CONNECT, INC.	Transaction ID: SB21B.90237 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>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - CREATIVE	<table border="1"><tr><td>7598.19</td></tr></table>	7598.19																		
7598.19																					
	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.90238 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>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - CREATIVE	<table border="1"><tr><td>4784.30</td></tr></table>	4784.30																		
4784.30																					
	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.90239 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>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - CREATIVE	<table border="1"><tr><td>2857.45</td></tr></table>	2857.45																		
2857.45																					
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>15239.94</td></tr></table>	15239.94
15239.94		
<b>TOTAL</b> 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><b>A.</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 - POSTAGE</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><b>Transaction ID:</b> SB21B.90266</p> <p>Date of Disbursement 07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3663.70</p> <p>003 Category/ Type</p>
<p><b>B.</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 - POSTAGE</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><b>Transaction ID:</b> SB21B.90267</p> <p>Date of Disbursement 07 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 3359.36</p> <p>003 Category/ Type</p>
<p><b>C.</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 - POSTAGE</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><b>Transaction ID:</b> SB21B.90268</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 9911.97</p> <p>003 Category/ Type</p>

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

16935.03

**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)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90269  
Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

14956.65

**B.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90270  
Date of Disbursement

08 / 19 / 2010

Amount of Each Disbursement this Period

6757.01

**C.** Full Name (Last, First, Middle Initial)  
CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.90271  
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

19081.24

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

40794.90

**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) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.90272 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - POSTAGE	<input type="text" value="20399.07"/>
	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.90273 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - POSTAGE	<input type="text" value="4728.74"/>
	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 SYSTEMS	Transaction ID: SB21B.90240 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement DATA PROCESSING	<input type="text" value="1080.00"/>
	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) .....

**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 80 / 100

<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.90241 Date of Disbursement
	Mailing Address 504 SHAW ROAD SUITE 206	<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="455.65"/>
	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE	Transaction ID: SB21B.90242 Date of Disbursement
	Mailing Address 504 SHAW ROAD SUITE 206	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="4944.11"/>
	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) CONSOLIDATED MAILING SERVICE	Transaction ID: SB21B.90243 Date of Disbursement
	Mailing Address 504 SHAW ROAD SUITE 206	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period
	Purpose of Disbursement DIRECT MAIL - PRINTING	<input type="text" value="7133.27"/>
	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12533.03"/>
<b>TOTAL</b> 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.90274 Date of Disbursement 07 / 15 / 2010
	Mailing Address PO BOX 96613	
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name BLACK REPUBLICAN PAC	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) MR EDWARD J COUSAR	Transaction ID: SB21B.90277 Date of Disbursement 08 / 19 / 2010
	Mailing Address PO BOX 96613	
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period 566.38
	Purpose of Disbursement TRAVEL & OFFICE EXPENSE REIMB Candidate Name BLACK REPUBLICAN PAC	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) MR EDWARD J COUSAR	Transaction ID: SB21B.90275 Date of Disbursement 08 / 26 / 2010
	Mailing Address PO BOX 96613	
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement CONSULTING - MANAGEMENT Candidate Name BLACK REPUBLICAN PAC	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	3066.38
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) MR EDWARD J COUSAR	Transaction ID: SB21B.90276
	Mailing Address PO BOX 96613	Date of Disbursement 09 / 16 / 2010
	City WASHINGTON State DC Zip Code 20090	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement CONSULTING - MANAGEMENT	001 Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC	Transaction ID: SB21B.90245
	Mailing Address 683 BERRYVILLE AVE	Date of Disbursement 08 / 19 / 2010
	City WINCHESTER State VA Zip Code 22601	Amount of Each Disbursement this Period 2104.20
	Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING	001 Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) ELECTRONIC REPORTING SYSTEMS INC	Transaction ID: SB21B.90246
	Mailing Address 683 BERRYVILLE AVE	Date of Disbursement 08 / 26 / 2010
	City WINCHESTER State VA Zip Code 22601	Amount of Each Disbursement this Period 479.46
	Purpose of Disbursement ELECTRONIC DISCLOSURE REPORTING	001 Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4083.66
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

001  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

State: District:

Transaction ID: SB21B.90290  
Date of Disbursement

07 / 30 / 2010

Amount of Each Disbursement this Period

126.33

**B.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

State: District:

Transaction ID: SB21B.90281  
Date of Disbursement

07 / 31 / 2010

Amount of Each Disbursement this Period

16.00

**C.** Full Name (Last, First, Middle Initial)  
FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DR

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGE

001  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

State: District:

Transaction ID: SB21B.90286  
Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

70.00

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

212.33

**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.90287
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 08 / 03 / 2010
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 97.83
	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.90278
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 08 / 31 / 2010
	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.90282
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 08 / 31 / 2010
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 42.08
	Purpose of Disbursement AMEX DISCOUNT 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>144.86</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.90291 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>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		3	1		2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SERVICE CHARGE	<table border="1"><tr><td>224.79</td></tr></table>	224.79																		
224.79																					
	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.90288 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>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>75.00</td></tr></table>	75.00																		
75.00																					
	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.90289 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>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	2		2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>283.51</td></tr></table>	283.51																		
283.51																					
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>583.30</td></tr></table>	583.30
583.30		
<b>TOTAL</b> 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.90279
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 09 / 22 / 2010
	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 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.90283
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 09 / 30 / 2010
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 39.62
	Purpose of Disbursement AMEX DISCOUNT FEE	001 Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.90292
	Mailing Address 11325 RANDOM HILLS DR	Date of Disbursement 09 / 30 / 2010
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 172.44
	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 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	217.01
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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<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. HIGHER STANDARD ENTERPRISES**

Full Name (Last, First, Middle Initial)

HIGHER STANDARD ENTERPRISES

Mailing Address 901 JONES FRANKLIN RD

City RALEIGH State NC Zip Code 27606

Purpose of Disbursement  
TEA PARTY JOURNAL AD

001  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

State: District:

Transaction ID: SB21B.90294  
Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

2400.00

**B. HIGHER STANDARD ENTERPRISES**

Full Name (Last, First, Middle Initial)

HIGHER STANDARD ENTERPRISES

Mailing Address 901 JONES FRANKLIN RD

City RALEIGH State NC Zip Code 27606

Purpose of Disbursement  
TEA PARTY JOURNAL AD

001  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

State: District:

Transaction ID: SB21B.90295  
Date of Disbursement

08 / 12 / 2010

Amount of Each Disbursement this Period

2400.00

**C. INTEGRAM**

Full Name (Last, First, Middle Initial)

INTEGRAM

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING

003  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

State: District:

Transaction ID: SB21B.90247  
Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

4631.59

SUBTOTAL of Disbursements This Page (optional) ▶

9431.59

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) INTEGRAM	Transaction ID: SB21B.90248 Date of Disbursement 08 / 26 / 2010
	Mailing Address 8421 HILLTOP RD	Amount of Each Disbursement this Period 2063.53
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC	003 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) INTEGRAM	Transaction ID: SB21B.90249 Date of Disbursement 09 / 02 / 2010
	Mailing Address 8421 HILLTOP RD	Amount of Each Disbursement this Period 2691.17
	City FAIRFAX State VA Zip Code 22031	
	Purpose of Disbursement DIRECT MAIL - PRINTING Candidate Name BLACK REPUBLICAN PAC	003 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) LEGACY LISTS INC	Transaction ID: SB21B.90250 Date of Disbursement 07 / 01 / 2010
	Mailing Address 1155 - 15TH STREET NW SUITE 410	Amount of Each Disbursement this Period 6259.19
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement LIST RENTALS Candidate Name BLACK REPUBLICAN PAC	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	11013.89
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) LEGACY LISTS INC	Transaction ID: SB21B.90255 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="2839.26"/>
	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.90251 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="685.00"/>
	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) LEGACY LISTS INC	Transaction ID: SB21B.90256 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="07"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="461.10"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3985.36"/>
<b>TOTAL</b> 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)  
LEGACY LISTS INC

Transaction ID: SB21B.90252  
Date of Disbursement

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

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

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
LIST RENTALS

003
Category/ Type

3647.42
---------

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)  
LEGACY LISTS INC

Transaction ID: SB21B.90257  
Date of Disbursement

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

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

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
LIST RENTALS

003
Category/ Type

1713.00
---------

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)  
LEGACY LISTS INC

Transaction ID: SB21B.90253  
Date of Disbursement

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

Purpose of Disbursement  
LIST RENTALS

003
Category/ Type

5603.46
---------

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

10963.88
----------

**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) LEGACY LISTS INC	Transaction ID: SB21B.90258 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="1975.24"/>
	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.90254 Date of Disbursement
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement LIST RENTALS	<input type="text" value="1405.85"/>
	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.90259 Date of Disbursement
	Mailing Address 3464 S UTAH ST	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4881.09"/>
<b>TOTAL</b> 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) RED CAP STRATEGY	Transaction ID: SB21B.90296 Date of Disbursement
	Mailing Address PO BOX 300503	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period
	Purpose of Disbursement WEBSITE DESIGN & UPDATE	<input type="text" value="3000.00"/>
	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) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.90260 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="776.22"/>
	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) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.90261 Date of Disbursement
	Mailing Address 4128 PEPSI PLACE	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period
	Purpose of Disbursement CAGING & ESCROW SERVICES	<input type="text" value="1085.10"/>
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4861.32"/>
<b>TOTAL</b> 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 94 / 100

<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

<b>A.</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 <hr/> Candidate Name BLACK REPUBLICAN PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.90262 Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2010
	Amount of Each Disbursement this Period 610.11
<b>B.</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 <hr/> Candidate Name BLACK REPUBLICAN PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.90263 Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2010
	Amount of Each Disbursement this Period 1114.20

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

1724.31

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

176318.13

**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 95 / 100

<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

<b>A.</b> Full Name (Last, First, Middle Initial) ALLEN WEST FOR CONGRESS <hr/> Mailing Address PO BOX 30786 <hr/> City PALM BEACH GARDENS State FL Zip Code 33420 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name ALLEN B WEST <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.90307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) CHARLES LOLLAR FOR CONGRESS <hr/> Mailing Address PO BOX 357 <hr/> City WHITE PLAINS State MD Zip Code 20695 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name CHARLES J LOLLAR <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.90310 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CHRIS NWASIKE FOR CONGRESS <hr/> Mailing Address 1093 N MCDUFF AVE <hr/> City JACKSONVILLE State FL Zip Code 32254 <hr/> Purpose of Disbursement POLITICAL CONTRIBUTION <hr/> Candidate Name C CHRISTIAN NWASIKE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.90309 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 97 / 100
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<b>A.</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 <input type="text" value="38776.11"/>	<b>Transaction ID:</b> SD10.4113	
Amount Incurred This Period <input type="text" value="26370.98"/>	Payment This Period <input type="text" value="24108.08"/>	Outstanding Balance at Close of This Period <input type="text" value="41039.01"/>

<b>B.</b> 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="0.00"/>	<b>Transaction ID:</b> SD10.90227	
Amount Incurred This Period <input type="text" value="5383.21"/>	Payment This Period <input type="text" value="1080.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4303.21"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE	Nature of Debt (Purpose): DIRECT MAIL - PRINTING
Mailing Address 2519 BRITTONS HILL RD	
City State ZIP Code RICHMOND VA 23230	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.90228	
Amount Incurred This Period <input type="text" value="2559.38"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2559.38"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="47901.60"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 98 / 100
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.90229	
Amount Incurred This Period <input type="text" value="42375.44"/>	Payment This Period <input type="text" value="12533.03"/>	Outstanding Balance at Close of This Period <input type="text" value="29842.41"/>

<b>B.</b> 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="479.46"/>	<b>Transaction ID:</b> SD10.63979	
Amount Incurred This Period <input type="text" value="7173.40"/>	Payment This Period <input type="text" value="2583.66"/>	Outstanding Balance at Close of This Period <input type="text" value="5069.20"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.90231	
Amount Incurred This Period <input type="text" value="15799.63"/>	Payment This Period <input type="text" value="9386.29"/>	Outstanding Balance at Close of This Period <input type="text" value="6413.34"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="41324.95"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 / 100
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<b>A.</b> 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 State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="21433.51"/>	<b>Transaction ID:</b> SD10.4117	
Amount Incurred This Period <input type="text" value="3156.01"/>	Payment This Period <input type="text" value="24589.52"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

<b>B.</b> 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 <input type="text" value="3000.00"/>	<b>Transaction ID:</b> SD10.72919	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1500.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1500.00"/>

<b>C.</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 <input type="text" value="189.95"/>	<b>Transaction ID:</b> SD10.63997	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="189.95"/>

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="1689.95"/>
2) <b>TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WASHINGTON INTELLIGENCE BUREAU			Nature of Debt (Purpose): CAGING & ESCROW SERVICES
Mailing Address 4128 PEPSI PLACE			
City CHANTILLY	State VA	ZIP Code 20151	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.90233	
Amount Incurred This Period 6665.47	Payment This Period 3585.63	Outstanding Balance at Close of This Period 3079.84	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> WEST END PRINTING CO			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 1609 SHERWOOD AVE			
City RICHMOND	State VA	ZIP Code 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) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	3279.84
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	94196.34
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	94196.34