

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) PO BOX 295  
Check if different than previously reported. (ACC) CHRISTIANSTED VI 00821

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00553560 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2015 through 08 / 31 / 2015

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

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE [Electronically Filed] Date 09 / 20 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="45482.65"/>	<input type="text" value="45482.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8186.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="152738.15"/>	<input type="text" value="783744.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="160924.40"/>	<input type="text" value="829227.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="107782.84"/>	<input type="text" value="776085.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53141.56"/>	<input type="text" value="53141.56"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="166503.98"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: 08 / 01 / 2015 To: 08 / 31 / 2015

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).....	47601.50	188613.90
(ii) Unitemized .....	105123.65	592483.63
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	152725.15	781097.53
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	190.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	152725.15	781287.53
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).....	13.00	2457.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	152738.15	783744.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	152738.15	783744.53

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	106782.84	746202.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	106782.84	746202.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	28533.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	107782.84	776085.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	107782.84	776085.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	152725.15	781287.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	152725.15	781287.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	106782.84	746202.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	13.00	2457.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	106769.84	743745.20

**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 6 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR WILLIAM ADAMSON 190 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 WAVERLY RD  
 APT A222  
 City GLADWYNE State PA Zip Code 19035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.75987**  
 Amount of Each Receipt this Period  
 20.00

**B. MR WILLIAM ADAMSON 190 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 WAVERLY RD  
 APT A222  
 City GLADWYNE State PA Zip Code 19035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.75984**  
 Amount of Each Receipt this Period  
 20.00

**C. MRS GLADYS AMBROSINI 893**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1063  
 City EUREKA State NV Zip Code 89316  
 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 ▼ 372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.76039**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS GLADYS AMBROSINI 893**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1063

City EUREKA	State NV	Zip Code 89316
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FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
417.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11Al.76038**

Amount of Each Receipt this Period  
45.00

**B. MRS GLADYS AMBROSINI 893**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1063

City EUREKA	State NV	Zip Code 89316
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
487.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11Al.76041**

Amount of Each Receipt this Period  
70.00

**C. MRS GLADYS AMBROSINI 893**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1063

City EUREKA	State NV	Zip Code 89316
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
502.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11Al.76040**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS AGNES V ANDERSON 958**  
Full Name (Last, First, Middle Initial)

Mailing Address 890 WIXFORD WAY

City SACRAMENTO	State CA	Zip Code 95864
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

**Transaction ID : SA11AI.76060**

Amount of Each Receipt this Period  
500.00

**B. MR ROGER BAELE 466**  
Full Name (Last, First, Middle Initial)

Mailing Address 3602 S IRONWOOD DR OFC XXX

City SOUTH BEND	State IN	Zip Code 46614
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

**Transaction ID : SA11AI.76116**

Amount of Each Receipt this Period  
25.00

**C. MRS DOROTHY W BAINES 372**  
Full Name (Last, First, Middle Initial)

Mailing Address 4137 W HAMILTON CT

City NASHVILLE	State TN	Zip Code 37218
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11AI.76123**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR KEVIN BAINES 911**  
Full Name (Last, First, Middle Initial)

Mailing Address 457 S MARENGO AVE UNIT 21

City	State	Zip Code
PASADENA	CA	91101

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

Name of Employer	Occupation
JPL/CALTECH	RESEARCH SCIENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 10 / 2015**

**Transaction ID : SA11Al.76124**

Amount of Each Receipt this Period  
**100.00**

**B. MR KEVIN BAINES 911**  
Full Name (Last, First, Middle Initial)

Mailing Address 457 S MARENGO AVE UNIT 21

City	State	Zip Code
PASADENA	CA	91101

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

Name of Employer	Occupation
JPL/CALTECH	RESEARCH SCIENTIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : SA11Al.76125**

Amount of Each Receipt this Period  
**200.00**

**C. DE ETTE BARNER 910**  
Full Name (Last, First, Middle Initial)

Mailing Address 718 LA PORTADA ST

City	State	Zip Code
SOUTH PASADENA	CA	91030

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 ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 05 / 2015**

**Transaction ID : SA11Al.76151**

Amount of Each Receipt this Period  
**100.00**

<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 10 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MISS CONSTANCE C BARNES 145</b>		Date of Receipt
Mailing Address 244 LIBERTY ST		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
WARSAW	NY	14569
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11Al.76152</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="267.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR CECIL BARNETT 402</b>		Date of Receipt
Mailing Address 126 INDIAN HILLS TRL		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
LOUISVILLE	KY	40207
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11Al.76154</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
ALGOOD FOOD CO	PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR HECTOR R BARRAGAN 913</b>		Date of Receipt
Mailing Address 13916 BEAVER ST		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
SYLMAR	CA	91342
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11Al.76161</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
BARRAGAN & ASSOCIATES	ACCOUNTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="310.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR HECTOR R BARRAGAN 913**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13916 BEAVER ST  
 City SYLMAR State CA Zip Code 91342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BARRAGAN & ASSOCIATES Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.76160**  
 Amount of Each Receipt this Period  
 50.00

**B. MR PAUL BASS 917**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1395 MAGNOLIA AVE  
 City UPLAND State CA Zip Code 91786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.76176**  
 Amount of Each Receipt this Period  
 100.00

**C. MR PAUL BASS 917**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1395 MAGNOLIA AVE  
 City UPLAND State CA Zip Code 91786  
 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 M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.76177**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN D BASTOW 670**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2834 W 4TH AVE  
 City EL DORADO State KS Zip Code 67042  
 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  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.76180**  
 Amount of Each Receipt this Period  
 68.00

**B. MR JOHN D BASTOW 670**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2834 W 4TH AVE  
 City EL DORADO State KS Zip Code 67042  
 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 ▼ 268.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.76181**  
 Amount of Each Receipt this Period  
 30.00

**C. MR NORMAN J BEAT 402**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9003 PETERBOROUGH CT  
 City LOUISVILLE State KY Zip Code 40222  
 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  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.76208**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 198.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR NORMAN J BEAT 402**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9003 PETERBOROUGH CT  
City LOUISVILLE State KY Zip Code 40222  
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 ▼ 475.00

Date of Receipt  
08 / 14 / 2015  
Transaction ID : SA11AI.76207  
Amount of Each Receipt this Period  
100.00

**B. MRS HELEN BEAVER 140**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1737 SENECA RD  
City LAWTONS State NY Zip Code 14091  
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 / 06 / 2015  
Transaction ID : SA11AI.76213  
Amount of Each Receipt this Period  
200.00

**C. MRS HELEN BEAVER 140**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1737 SENECA RD  
City LAWTONS State NY Zip Code 14091  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
08 / 24 / 2015  
Transaction ID : SA11AI.76212  
Amount of Each Receipt this Period  
100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR MAXWELL BELDING 064**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 BOKUM RD APT 308  
 City ESSEX State CT Zip Code 06426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.76228**  
 Amount of Each Receipt this Period  
 500.00

**B. MR DONALD BERDAN 853**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10118 W CANDLEWOOD DR  
 City SUN CITY State AZ Zip Code 85351  
 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 M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.76263**  
 Amount of Each Receipt this Period  
 50.00

**C. MR ROBERT BERNATCHEZ 015**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 MARK CIR  
 City RUTLAND State MA Zip Code 01543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.76271**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	585.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. YVONNE BERRY 112**

Full Name (Last, First, Middle Initial)  
Mailing Address 1019 VAN SICLEN AVE APT 5J

City BROOKLYN	State NY	Zip Code 11207
------------------	-------------	-------------------

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

**Transaction ID : SA11AI.76276**

Amount of Each Receipt this Period  
175.00

**B. YVONNE BERRY 112**

Full Name (Last, First, Middle Initial)  
Mailing Address 1019 VAN SICLEN AVE APT 5J

City BROOKLYN	State NY	Zip Code 11207
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1075.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2015

**Transaction ID : SA11AI.76275**

Amount of Each Receipt this Period  
175.00

**C. MS AUDREY F BESLOW 982**

Full Name (Last, First, Middle Initial)  
Mailing Address 302 18TH PL

City SNOHOMISH	State WA	Zip Code 98290
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

**Transaction ID : SA11AI.76282**

Amount of Each Receipt this Period  
100.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. HELEN BEWICK 481**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7510 CONIFER CT  
 City TEMPERANCE State MI Zip Code 48182  
 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 ▼ 213.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.76287**  
 Amount of Each Receipt this Period  
 113.00

**B. MS LITA BIEJO 930**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9555 W LOS ANGELES AVE  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.76299**  
 Amount of Each Receipt this Period  
 20.00

**C. MS LITA BIEJO 930**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9555 W LOS ANGELES AVE  
 City MOORPARK State CA Zip Code 93021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.76300**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.00  
**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 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN R BONNETT 833**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 BRIDGEVIEW BLVD APT 210  
 City State Zip Code  
 TWIN FALLS ID 83301  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.76386**  
 Amount of Each Receipt this Period  
 75.00

**B. MR JOHN R BONNETT 833**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 BRIDGEVIEW BLVD APT 210  
 City State Zip Code  
 TWIN FALLS ID 83301  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.76382**  
 Amount of Each Receipt this Period  
 90.00

**C. MR JOHN R BONNETT 833**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1828 BRIDGEVIEW BLVD APT 210  
 City State Zip Code  
 TWIN FALLS ID 83301  
 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 ▼  
 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.76383**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 265.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS ROSEMARY BRIGGS 752</b>			Date of Receipt
Mailing Address 4711 WATAUGA RD			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76485</b>
DALLAS	TX	75209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	CONSULTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BEATRICE W BRITTON 019</b>			Date of Receipt
Mailing Address PO BOX 2327			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76491</b>
SOUTH HAMILTON	MA	01982	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	FARMER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MS MABEL BROWN 612</b>			Date of Receipt
Mailing Address 115 N STATE ST			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76522</b>
GENESE0	IL	61254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	LAWYER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="275.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MS MABEL BROWN 612</b>			Date of Receipt
Mailing Address 115 N STATE ST			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76523</b>
GENESEO	IL	61254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="75.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	LAWYER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT M BRUCE 891</b>			Date of Receipt
Mailing Address 6420 E TROPICANA AVE UNIT 442			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76540</b>
LAS VEGAS	NV	89122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DR ROBERT D BUCHANAN 810</b>			Date of Receipt
Mailing Address 4751 EAGLERIDGE CIR APT 108			<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76554</b>
PUEBLO	CO	81008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN W BULMER 672**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 S ELDER ST  
 City WICHITA State KS Zip Code 67209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.76572**  
 Amount of Each Receipt this Period  
 35.00

**B. MR JOHN W BULMER 672**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 S ELDER ST  
 City WICHITA State KS Zip Code 67209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.76571**  
 Amount of Each Receipt this Period  
 20.00

**C. MR WILLIAM F BURT 017**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 HARVEST CIR STE 003  
 City LINCOLN State MA Zip Code 01773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THOMSEN REUTERS Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.76588**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR WILLIAM F BURT 017</b>		Date of Receipt
Mailing Address 1 HARVEST CIR STE 003		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
LINCOLN	MA	01773
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.76589</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
THOMSEN REUTERS	EXECUTIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR MICHAEL J BUSSINGER 761</b>		Date of Receipt
Mailing Address 8205 MOUNT SHASTA CIR		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
FORT WORTH	TX	76137
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.76598</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
BNSF RAILWAY	TRAIN DISPATCHER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR DARRELL D BUTTERWICK 551</b>		Date of Receipt
Mailing Address 1694 KERRY LN		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAINT PAUL	MN	55125
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.76602</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	CONSULTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR DARRELL D BUTTERWICK 551**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1694 KERRY LN  
 City SAINT PAUL State MN Zip Code 55125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.76603**  
 Amount of Each Receipt this Period  
 75.00

**B. MR JOHN CABLE 617**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 E LINCOLN ST # 3108  
 City BLOOMINGTON State IL Zip Code 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.76606**  
 Amount of Each Receipt this Period  
 20.00

**C. MS SUE M CANNON 802**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6420 W LAKERIDGE RD  
 City LAKEWOOD State CO Zip Code 80227  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.76650**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. JAY CARTER 763**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COMMERCE ST STE 600

City	State	Zip Code
WICHITA FALLS	TX	76301

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

Name of Employer	Occupation
CARTER AVIATION TECHNOLOGIS	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2015

**Transaction ID : SA11Al.76678**

Amount of Each Receipt this Period  

75.00
-------

**B. JAY CARTER 763**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COMMERCE ST STE 600

City	State	Zip Code
WICHITA FALLS	TX	76301

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

Name of Employer	Occupation
CARTER AVIATION TECHNOLOGIS	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

**Transaction ID : SA11Al.76677**

Amount of Each Receipt this Period  

100.00
--------

**C. JAY CARTER 763**  
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COMMERCE ST STE 600

City	State	Zip Code
WICHITA FALLS	TX	76301

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

Name of Employer	Occupation
CARTER AVIATION TECHNOLOGIS	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11Al.76679**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</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 24 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS PETER J CASS 070**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 HIGHPOINT  
 City CEDAR GROVE State NJ Zip Code 07009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : SA11AI.76683**  
 Amount of Each Receipt this Period  
 50.00

**B. MR JOHN CERVIN 210 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815A HILLTOP AVE EXT  
 City ABINGDON State MD Zip Code 21009  
 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 ▼ 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.76693**  
 Amount of Each Receipt this Period  
 50.00

**C. MR JACK CHANEY 161**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2683 PERRY HWY  
 City HADLEY State PA Zip Code 16130  
 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 ▼ 245.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.76702**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RALPH N CHILDS 606**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5757 W WARWICK AVE

City CHICAGO	State IL	Zip Code 60634
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11Al.76713**

Amount of Each Receipt this Period  
50.00

**B. MR RALPH N CHILDS 606**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5757 W WARWICK AVE

City CHICAGO	State IL	Zip Code 60634
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11Al.76712**

Amount of Each Receipt this Period  
50.00

**C. MR DONALD R CLARK 010**  
Full Name (Last, First, Middle Initial)  
Mailing Address 145 GRANVILLE RD

City WESTFIELD	State MA	Zip Code 01085
-------------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2015

**Transaction ID : SA11Al.76746**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR DONALD R CLARK 010**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 GRANVILLE RD  
 City WESTFIELD State MA Zip Code 01085  
 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 ▼ 2200.00

Date of Receipt  
 08 / 06 / 2015  
**Transaction ID : SA11AI.76747**  
 Amount of Each Receipt this Period  
 1000.00

**B. MR EDWARD CLARKE 068**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 LEDGE RD APT 127  
 City DARIEN State CT Zip Code 06820  
 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 / 03 / 2015  
**Transaction ID : SA11AI.76757**  
 Amount of Each Receipt this Period  
 100.00

**C. MR CHARLES CLINTON 152 JR**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 300.00

Date of Receipt  
 08 / 13 / 2015  
**Transaction ID : SA11AI.76763**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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 27 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)  
**A. MRS ELEANOR COBB 900**

Mailing Address 131 S VISTA ST

City	State	Zip Code
LOS ANGELES	CA	90036

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11AI.76769**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. MR EDWIN COHEN 100**

Mailing Address 25 SUTTON PL S APT 16G

City	State	Zip Code
NEW YORK	NY	10022

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

Name of Employer	Occupation
SELF EMPLOYED	ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11AI.76774**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. MR JOHN COLBY 681**

Mailing Address 1144 S 98TH ST

City	State	Zip Code
OMAHA	NE	68124

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 ▼  
292.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2015

**Transaction ID : SA11AI.76775**

Amount of Each Receipt this Period  
51.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	451.00
<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 28 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR NICHOLAS CONCA 284**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 DEERWOOD CIR  
 City OAK ISLAND State NC Zip Code 28465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.76804**  
 Amount of Each Receipt this Period  
 75.00

**B. ALBERT J CORDONNIER 730**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16700 S AIR DEPOT BLVD  
 City NORMAN State OK Zip Code 73071  
 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 ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.76838**  
 Amount of Each Receipt this Period  
 100.00

**C. MR WALLACE W CORNELL 136**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 639  
 City MASSENA State NY Zip Code 13662  
 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 ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.76839**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RICHARD COX 968**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1951 KAKELA DR  
City HONOLULU State HI Zip Code 96822  
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 / 2015  
**Transaction ID : SA11AI.76872**  
Amount of Each Receipt this Period  
150.00

**B. MR PHIL CRAMER 913**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26056 BERAULT CT  
City VALENCIA State CA Zip Code 91355  
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 ▼ 265.00

Date of Receipt  
08 / 10 / 2015  
**Transaction ID : SA11AI.76881**  
Amount of Each Receipt this Period  
15.00

**C. MR PHIL CRAMER 913**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26056 BERAULT CT  
City VALENCIA State CA Zip Code 91355  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
08 / 27 / 2015  
**Transaction ID : SA11AI.76882**  
Amount of Each Receipt this Period  
20.00

**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: (check only one)	PAGE 30 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR PHIL CRAMER 913**  
Full Name (Last, First, Middle Initial)

Mailing Address 26056 BERAULT CT

City VALENCIA	State CA	Zip Code 91355
------------------	-------------	-------------------

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 ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11AI.76880**

Amount of Each Receipt this Period  
120.00

**B. MR DONALD CRAWFORD 194**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3003

City BLUE BELL	State PA	Zip Code 19422
-------------------	-------------	-------------------

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

Name of Employer CRAWFORD BROADCASTING CO	Occupation OWNER
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2015

**Transaction ID : SA11AI.76885**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 601 ASPEN TRL

City MUSCATINE	State IA	Zip Code 52761
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11AI.76886**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR RONALD CRISLIP 494</b>			Date of Receipt
Mailing Address 2319 TYLER ST			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76898</b>
JENISON	MI	49428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="55.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="334.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR RONALD CRISLIP 494</b>			Date of Receipt
Mailing Address 2319 TYLER ST			<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76899</b>
JENISON	MI	49428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="35.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="369.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR RONALD CRISLIP 494</b>			Date of Receipt
Mailing Address 2319 TYLER ST			<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.76900</b>
JENISON	MI	49428	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="419.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 197
	<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	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. JUDITH H CROW 956**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3170 WOODLEIGH LN  
City CAMERON PARK State CA Zip Code 95682  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **255.00**

Date of Receipt **08 / 24 / 2015**  
**Transaction ID : SA11AI.76911**  
Amount of Each Receipt this Period **50.00**

**B. SUZANNE CROWELL 911**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1256 OAK GROVE AVE  
City SAN MARINO State CA Zip Code 91108  
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 **08 / 10 / 2015**  
**Transaction ID : SA11AI.76914**  
Amount of Each Receipt this Period **25.00**

**C. MR FRANK D'ORSI 928**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1344 VINA DEL MAR AVE  
City PLACENTIA State CA Zip Code 92870  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation CONSULTANT  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **225.00**

Date of Receipt **08 / 27 / 2015**  
**Transaction ID : SA11AI.77113**  
Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS PAT DAHLSTEDT 982**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13048 FARM TO MARKET RD  
 City MOUNT VERNON State WA Zip Code 98273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.76942**  
 Amount of Each Receipt this Period  
 200.00

**B. MR DONALD E DARNELL 674**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 COUNTY 388 DR  
 City OSBORNE State KS Zip Code 67473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : SA11AI.76963**  
 Amount of Each Receipt this Period  
 100.00

**C. MRS FRANCES B DAVIS 713**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 WILTON PL  
 City ALEXANDRIA State LA Zip Code 71303  
 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 ▼ 2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.76985**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<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 34 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS LINDA M DAVIS 877**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 STATE ROAD 58  
 City State Zip Code  
 CIMARRON NM 87714  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.76988**  
 Amount of Each Receipt this Period  
 35.00

**B. MRS LINDA M DAVIS 877**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 STATE ROAD 58  
 City State Zip Code  
 CIMARRON NM 87714  
 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 ▼  
 265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.76989**  
 Amount of Each Receipt this Period  
 25.00

**C. MR RALPH V DAWIS 103**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 355 BARD AVE  
 City State Zip Code  
 STATEN ISLAND NY 10310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.76992**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS HELEN R DECKER 760**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 170009

City ARLINGTON	State TX	Zip Code 76003
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.77016**

Amount of Each Receipt this Period  
 200.00

**B. MR PAUL DECLEVA 752**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5222 DELOACHE AVE

City DALLAS	State TX	Zip Code 75220
----------------	-------------	-------------------

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

Name of Employer DP CONSULTANTS	Occupation CONSULTANT
------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.77017**

Amount of Each Receipt this Period  
 100.00

**C. MRS AUGUSTA DOANE 493**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5355 CHICKADEE DR NE

City BELMONT	State MI	Zip Code 49306
-----------------	-------------	-------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.77080**

Amount of Each Receipt this Period  
 70.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. GLADYS DOANE 635**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 BROADVIEW  
 City KIRKSVILLE State MO Zip Code 63501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.77085**  
 Amount of Each Receipt this Period  
 25.00

**B. MR NORMAN DODSON 526**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 VILLAGE CIR  
 City KEOKUK State IA Zip Code 52632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77088**  
 Amount of Each Receipt this Period  
 70.00

**C. LTC GEORGE DOSTAL 871**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7012 LANTERN RD NE  
 City ALBUQUERQUE State NM Zip Code 87109  
 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 ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.77117**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. LTC GEORGE DOSTAL 871</b>		Date of Receipt
Mailing Address 7012 LANTERN RD NE		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
ALBUQUERQUE	NM	87109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
US MILITARY	OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="470.00"/>	
		Transaction ID : SA11AI.77119
		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>

Full Name (Last, First, Middle Initial) <b>B. LTC GEORGE DOSTAL 871</b>		Date of Receipt
Mailing Address 7012 LANTERN RD NE		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
ALBUQUERQUE	NM	87109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
US MILITARY	OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	
		Transaction ID : SA11AI.77118
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>C. MR JONAS DOVYDENAS 012</b>		Date of Receipt
Mailing Address 319 UNDER MOUNTAIN RD		<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
LENOX	MA	01240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	NOT EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	
		Transaction ID : SA11AI.77124
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

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

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

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

FOR LINE NUMBER: PAGE 38 OF 197  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)  
**A. MRS MARTHA L DOWNS 956**

Mailing Address 8560 JESTER CT

City State Zip Code  
ELK GROVE CA 95624

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 ▼  
365.00

Date of Receipt  
08 / 05 / 2015  
**Transaction ID : SA11AI.77134**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. MRS MARTHA L DOWNS 956**

Mailing Address 8560 JESTER CT

City State Zip Code  
ELK GROVE CA 95624

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 ▼  
385.00

Date of Receipt  
08 / 27 / 2015  
**Transaction ID : SA11AI.77135**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. MRS MARTHA L DOWNS 956**

Mailing Address 8560 JESTER CT

City State Zip Code  
ELK GROVE CA 95624

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 ▼  
420.00

Date of Receipt  
08 / 31 / 2015  
**Transaction ID : SA11AI.77133**

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 39 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. LEONA DROPPA 344**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6921 SW 108TH ST

City OCALA	State FL	Zip Code 34476
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11AI.77151**

Amount of Each Receipt this Period  
45.00

**B. MRS JEANNETTE B DUDERSTADT 779 JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 FREDERICK WILLIAMS ST

City CUERO	State TX	Zip Code 77954
---------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation CATTLE RANCHER
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11AI.77159**

Amount of Each Receipt this Period  
150.00

**C. MRS JEANNETTE B DUDERSTADT 779 JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 FREDERICK WILLIAMS ST

City CUERO	State TX	Zip Code 77954
---------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation CATTLE RANCHER
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

**Transaction ID : SA11AI.77160**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR FERRIS E DURDEN 313 JR</b>		Date of Receipt
Mailing Address PO BOX 1207		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
DARIEN	GA	31305
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.77185</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS MARGARET EAGLE 596</b>		Date of Receipt
Mailing Address 506 SADDLE DR		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
HELENA	MT	59601
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.77192</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR JOHN R EDGEWORTH 342</b>		Date of Receipt
Mailing Address 8776 PEBBLE CREEK LN		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
SARASOTA	FL	34238
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.77206</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 41 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN D EHRISMANN 922**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7667 ACOMA TRL  
 City YUCCA VALLEY State CA Zip Code 92284  
 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 ▼ 273.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.77217**  
 Amount of Each Receipt this Period  
 25.00

**B. MR JOHN D EHRISMANN 922**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7667 ACOMA TRL  
 City YUCCA VALLEY State CA Zip Code 92284  
 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 ▼ 293.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.77216**  
 Amount of Each Receipt this Period  
 20.00

**C. MR JOHN D EHRISMANN 922**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7667 ACOMA TRL  
 City YUCCA VALLEY State CA Zip Code 92284  
 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 ▼ 328.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.77218**  
 Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 42 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN D EHRISMANN 922**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7667 ACOMA TRL  
 City YUCCA VALLEY State CA Zip Code 92284  
 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 ▼ 363.00

Date of Receipt  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77219**  
 Amount of Each Receipt this Period  
 35.00

**B. MR JOHN EVANS 327**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 620456  
 City OVIEDO State FL Zip Code 32762  
 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 / 06 / 2015  
**Transaction ID : SA11AI.77278**  
 Amount of Each Receipt this Period  
 100.00

**C. MS ANNABELLE EVERETT 338**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 ARMBRUSTER CT  
 City FROSTPROOF State FL Zip Code 33843  
 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 ▼ 265.00

Date of Receipt  
 08 / 06 / 2015  
**Transaction ID : SA11AI.77286**  
 Amount of Each Receipt this Period  
 90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS ANNABELLE EVERETT 338**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 ARMBRUSTER CT  
 City FROSTPROOF State FL Zip Code 33843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.77287**  
 Amount of Each Receipt this Period  
 35.00

**B. MR BILL FAIN 863**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10875 E STATE ROUTE 69  
 City DEWEY State AZ Zip Code 86327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RANCH LAND & INVESTMENTS LLC Occupation CATTLEMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.77298**  
 Amount of Each Receipt this Period  
 45.00

**C. MR BILL FAIN 863**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10875 E STATE ROUTE 69  
 City DEWEY State AZ Zip Code 86327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RANCH LAND & INVESTMENTS LLC Occupation CATTLEMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77297**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR BILL FAIN 863**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10875 E STATE ROUTE 69

City DEWEY	State AZ	Zip Code 86327
---------------	-------------	-------------------

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

Name of Employer RANCH LAND & INVESTMENTS LLC	Occupation CATTLEMAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11AI.77299**

Amount of Each Receipt this Period  

635.00
--------

**B. P FANNING 193**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 FROG HOLLOW RD

City COATESVILLE	State PA	Zip Code 19320
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation BREEDER
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2015

**Transaction ID : SA11AI.77305**

Amount of Each Receipt this Period  

500.00
--------

**C. P FANNING 193**  
Full Name (Last, First, Middle Initial)  
Mailing Address 160 FROG HOLLOW RD

City COATESVILLE	State PA	Zip Code 19320
---------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation BREEDER
-----------------------------------	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

**Transaction ID : SA11AI.77306**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>635.00</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: (check only one)	PAGE 45 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR EMERSON D FARLEY 230**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3460 JAMES MADISON HWY  
 City Fork Union State VA Zip Code 23055  
 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 / 03 / 2015  
**Transaction ID : SA11AI.77311**  
 Amount of Each Receipt this Period 100.00

**B. MR EMERSON D FARLEY 230**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3460 JAMES MADISON HWY  
 City Fork Union State VA Zip Code 23055  
 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 / 2015  
**Transaction ID : SA11AI.77309**  
 Amount of Each Receipt this Period 100.00

**C. MS MARY FELLER 463**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 S 190 E  
 City VALPARAISO State IN Zip Code 46383  
 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 08 / 31 / 2015  
**Transaction ID : SA11AI.77335**  
 Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROYCE FLANDRO 846**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2949 APACHE WAY  
 City PROVO State UT Zip Code 84604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BRIGHAM YOUNG UNIVERSITY Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 08 / 07 / 2015  
**Transaction ID : SA11AI.77381**  
 Amount of Each Receipt this Period 113.00

**B. MISS ANN FLYNT 271**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 PRESTWICK MANOR CT  
 City WINSTON SALEM State NC Zip Code 27104  
 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 / 03 / 2015  
**Transaction ID : SA11AI.77391**  
 Amount of Each Receipt this Period 75.00

**C. MR DALE FORTIK 836**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3009 RAY AVE  
 City CALDWELL State ID Zip Code 83605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11AI.77406**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.00  
**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 47 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. JAMES H FOSTER 290**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 OLD CHAPIN RD  
 City LEXINGTON State SC Zip Code 29072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77414**  
 Amount of Each Receipt this Period  
 40.00

**B. MRS VERA E FRIEND 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 542 S HIGLEY RD UNIT 10  
 City MESA State AZ Zip Code 85206  
 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 ▼ 320.00

Date of Receipt  
 08 / 13 / 2015  
**Transaction ID : SA11AI.77460**  
 Amount of Each Receipt this Period  
 75.00

**C. MISS JEAN R GAGLIARDI 105**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 125  
 City DOBBS FERRY State NY Zip Code 10522  
 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 ▼ 207.00

Date of Receipt  
 08 / 06 / 2015  
**Transaction ID : SA11AI.77494**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 48 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MISS JEAN R GAGLIARDI 105</b>			Date of Receipt
Mailing Address PO BOX 125			<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.77495</b>
DOBBS FERRY	NY	10522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="257.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS JOYCE M GALE 852</b>			Date of Receipt
Mailing Address 7928 E PUEBLO AVE UNIT 55			<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.77504</b>
MESA	AZ	85208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="687.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MS JOYCE M GALE 852</b>			Date of Receipt
Mailing Address 7928 E PUEBLO AVE UNIT 55			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.77498</b>
MESA	AZ	85208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="722.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="235.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS JOYCE M GALE 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7928 E PUEBLO AVE UNIT 55

City MESA	State AZ	Zip Code 85208
--------------	-------------	-------------------

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 ▼  
1222.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.77500**

Amount of Each Receipt this Period  
500.00

**B. MS JOYCE M GALE 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7928 E PUEBLO AVE UNIT 55

City MESA	State AZ	Zip Code 85208
--------------	-------------	-------------------

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 ▼  
1272.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.77501**

Amount of Each Receipt this Period  
50.00

**C. MS JOYCE M GALE 852**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7928 E PUEBLO AVE UNIT 55

City MESA	State AZ	Zip Code 85208
--------------	-------------	-------------------

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 ▼  
1372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.77502**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 50 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS JOYCE M GALE 852**  
Full Name (Last, First, Middle Initial)

Mailing Address 7928 E PUEBLO AVE UNIT 55

City	State	Zip Code
MESA	AZ	85208

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 ▼  
1622.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

**Transaction ID : SA11Al.77503**

Amount of Each Receipt this Period  
250.00

**B. MS JOYCE M GALE 852**  
Full Name (Last, First, Middle Initial)

Mailing Address 7928 E PUEBLO AVE UNIT 55

City	State	Zip Code
MESA	AZ	85208

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 ▼  
1657.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : SA11Al.77499**

Amount of Each Receipt this Period  
35.00

**C. MRS JOAN GALLOWAY 036**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 GALLOWAY LN

City	State	Zip Code
WALPOLE	NH	03608

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

Name of Employer	Occupation
NONE	RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11Al.77508**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	385.00
<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 51 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR LEON GARDNER 062**  
Full Name (Last, First, Middle Initial)  
Mailing Address 161 SLADE RD

City ASHFORD	State CT	Zip Code 06278
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>210.00</b>	

Date of Receipt  
**08 / 27 / 2015**  
Transaction ID : SA11AI.77520

Amount of Each Receipt this Period  
**200.00**

**B. MRS BETTY GARDNER 648**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1572 GOODIN HOLLOW RD

City NOEL	State MO	Zip Code 64854
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>686.00</b>	

Date of Receipt  
**08 / 04 / 2015**  
Transaction ID : SA11AI.77523

Amount of Each Receipt this Period  
**25.00**

**C. MRS BETTY GARDNER 648**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1572 GOODIN HOLLOW RD

City NOEL	State MO	Zip Code 64854
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>1060.00</b>	

Date of Receipt  
**08 / 14 / 2015**  
Transaction ID : SA11AI.77524

Amount of Each Receipt this Period  
**374.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>419.00</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 52 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR EDWARD GARDNER 803**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 GILLASPIE DR APT 270

City BOULDER	State CO	Zip Code 80305
-----------------	-------------	-------------------

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 Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.77525**

Amount of Each Receipt this Period  
 50.00

**B. MR KENNETH C GARMAN 145**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 DOWNING DR

City PITTSFORD	State NY	Zip Code 14534
-------------------	-------------	-------------------

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 ▼  
298.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.77529**

Amount of Each Receipt this Period  
 50.00

**C. MR KENNETH C GARMAN 145**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 DOWNING DR

City PITTSFORD	State NY	Zip Code 14534
-------------------	-------------	-------------------

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 ▼  
333.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.77530**

Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 53 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR KENNETH C GARMAN 145</b>			Date of Receipt
Mailing Address 7 DOWNING DR			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.77531</b>
PITTSFORD	NY	14534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="383.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT W GARTHWAIT 067 SR</b>			Date of Receipt
Mailing Address PO BOX 1367			<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.77536</b>
WATERBURY	CT	06721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
CLY DEL MFG CO	CHAIRMAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. FR LAWRENCE S GEREND 541</b>			Date of Receipt
Mailing Address 216 CATHERINE ST			<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.77576</b>
KAUKAUNA	WI	54130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
CATHOLIC CHURCH	PRIEST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS NANCY GERRISH 190**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2302 WOODSIDE LN  
 City NEWTOWN SQUARE State PA Zip Code 19073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77579**  
 Amount of Each Receipt this Period  
 35.00

**B. ALLIE GILLIAM 357**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6825 COUNTY ROAD 39  
 City FACKLER State AL Zip Code 35746  
 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 M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.77605**  
 Amount of Each Receipt this Period  
 25.00

**C. ALLIE GILLIAM 357**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6825 COUNTY ROAD 39  
 City FACKLER State AL Zip Code 35746  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : SA11AI.77604**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<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 55 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN A GLORIOD 809**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4155 STONE MANOR HTS  
 City COLORADO SPRINGS State CO Zip Code 80906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.77617**  
 Amount of Each Receipt this Period  
 150.00

**B. MR C GOFF 746**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 220 W HARTFORD AVE  
 City PONCA CITY State OK Zip Code 74601  
 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 ▼ 203.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77634**  
 Amount of Each Receipt this Period  
 12.50

**C. MS BERNICE GOKEY 544**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 N 4TH ST  
 City COLBY State WI Zip Code 54421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.77636**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	187.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS JANE G GONSETH 856**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2981 AVENIDA DE SUENOS  
 City SIERRA VISTA State AZ Zip Code 85650  
 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 ▼ 245.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 20 / 2015  
**Transaction ID : SA11AI.77645**  
 Amount of Each Receipt this Period  
 45.00

**B. MS JANE G GONSETH 856**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2981 AVENIDA DE SUENOS  
 City SIERRA VISTA State AZ Zip Code 85650  
 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 ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : SA11AI.77646**  
 Amount of Each Receipt this Period  
 35.00

**C. MR PAUL GOODMAN 110**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 99 S SERVICE RD APT 402  
 City NEW HYDE PARK State NY Zip Code 11040  
 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 ▼ 298.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.77648**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR PAUL GOODMAN 110</b>		Date of Receipt
Mailing Address 99 S SERVICE RD APT 402		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW HYDE PARK	NY	11040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.77650</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR PAUL GOODMAN 110</b>		Date of Receipt
Mailing Address 99 S SERVICE RD APT 402		<input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW HYDE PARK	NY	11040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.77647</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="538.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR PAUL GOODMAN 110</b>		Date of Receipt
Mailing Address 99 S SERVICE RD APT 402		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW HYDE PARK	NY	11040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.77649</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="563.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="265.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RUSS GRAY 890**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2220 VILLAGE WALK DR #3324

City HENDERSON	State NV	Zip Code 89052
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF EMPLOYED	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>335.00</b>	

Date of Receipt  
**08 / 17 / 2015**  
Transaction ID : SA11AI.77700

Amount of Each Receipt this Period  
**50.00**

**B. MISS JOANN L GREB 548**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8861 W WILSON BAY DR

City HAYWARD	State WI	Zip Code 54843
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>600.00</b>	

Date of Receipt  
**08 / 14 / 2015**  
Transaction ID : SA11AI.77702

Amount of Each Receipt this Period  
**100.00**

**C. MR WILLIAM M GREEN 018**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 W LOWELL AVE

City HAVERHILL	State MA	Zip Code 01832
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>300.00</b>	

Date of Receipt  
**08 / 10 / 2015**  
Transaction ID : SA11AI.77703

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</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 59 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR TED W GREGORY 740**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 RACHEL LN  
 City BARTLESVILLE State OK Zip Code 74006  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11Al.77716**  
 Amount of Each Receipt this Period  
 50.00

**B. OTIS D GRUBBS 934**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 PINEY LN  
 City MORRO BAY State CA Zip Code 93442  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11Al.77748**  
 Amount of Each Receipt this Period  
 45.00

**C. MR FRANK GUARISCO 703**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 579  
 City PATTERSON State LA Zip Code 70392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11Al.77750**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	195.00
<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 60 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. DR MARIETTA GUEVARA 352 MD</b>		Date of Receipt
Mailing Address 2016 GROVE PARK WAY		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
BIRMINGHAM	AL	35242
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11Al.77752</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
RETIRED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DR MARIETTA GUEVARA 352 MD</b>		Date of Receipt
Mailing Address 2016 GROVE PARK WAY		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
BIRMINGHAM	AL	35242
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11Al.77754</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	
RETIRED	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="243.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MRS MARJORIE HAILEY 668</b>		Date of Receipt
Mailing Address 720 S NEOSHO ST		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
COUNCIL GROVE	KS	66846
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11Al.77791</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS MARJORIE HAILEY 668**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 S NEOSHO ST  
 City COUNCIL GROVE State KS Zip Code 66846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.77790**  
 Amount of Each Receipt this Period  
 100.00

**B. MRS EVELYN HAILEY 750**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 731 BANKERS COTTAGE LN  
 City COPPELL State TX Zip Code 75019  
 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.77792**  
 Amount of Each Receipt this Period  
 35.00

**C. MR WILLIAM HALLSTROM 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 982 SHAUGHNESSY LN  
 City EUGENE State OR Zip Code 97401  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.77818**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<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 62 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROBERT H HAMBURG 365**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 844

City FOLEY	State AL	Zip Code 36536
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11Al.77819**

Amount of Each Receipt this Period  
 50.00

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

City LOS GATOS	State CA	Zip Code 95032
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11Al.77821**

Amount of Each Receipt this Period  
 200.00

**C. MR C GEORGE HANSON 371 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 914 TRINITY DR

City MURFREESBORO	State TN	Zip Code 37129
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11Al.77842**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR VERNON HARGAN 321**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 ASHLEY PL APT 102

City DAYTONA BEACH State FL Zip Code 32117

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 ▼ 213.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.77852**

Amount of Each Receipt this Period  
 100.00

**B. MR WILLIAM B HARLOW 224**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 OLD LANDING CT

City FREDERICKSBURG State VA Zip Code 22405

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

Name of Employer STAFFORD ELECTRIC HEATING & AIR Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.77858**

Amount of Each Receipt this Period  
 125.00

**C. MR RALPH E HARRISON 930**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4276

City VENTURA State CA Zip Code 93007

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.77880**

Amount of Each Receipt this Period  
 90.00

**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 64 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS HENRIETTA HARTRANFT 175**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 E MAIN ST  
 City EPHRATA State PA Zip Code 17522  
 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  
 08 / 21 / 2015  
**Transaction ID : SA11AI.77891**  
 Amount of Each Receipt this Period  
 75.00

**B. MR JOHN HASKINS 601**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 HAWTHORNE CIR  
 City LOMBARD State IL Zip Code 60148  
 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 / 14 / 2015  
**Transaction ID : SA11AI.77898**  
 Amount of Each Receipt this Period  
 100.00

**C. MR HENRY HAWKINS 778**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3013 GLENEAGLES CT  
 City BRYAN State TX Zip Code 77802  
 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 ▼ 280.00

Date of Receipt  
 08 / 05 / 2015  
**Transaction ID : SA11AI.77911**  
 Amount of Each Receipt this Period  
 45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.00
<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 65 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR HENRY HAWKINS 778**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3013 GLENEAGLES CT  
 City BRYAN State TX Zip Code 77802  
 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 ▼ 305.00

Date of Receipt 08 / 13 / 2015  
**Transaction ID : SA11AI.77912**  
 Amount of Each Receipt this Period 25.00

**B. MR RICHARD J HAYDINGER 080**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 PARTRIDGE CT  
 City CHERRY HILL State NJ Zip Code 08003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITED COMMUNITIES Occupation REAL ESTATE OWNERS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2015  
**Transaction ID : SA11AI.77917**  
 Amount of Each Receipt this Period 500.00

**C. MR MARILYN M HAYS 706**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 BAYOU OAK LN  
 City LAKE CHARLES State LA Zip Code 70605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMPERIAL CONSTRUCTORS INC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11AI.77925**  
 Amount of Each Receipt this Period 180.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 705.00  
**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 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR MARILYN M HAYS 706**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 BAYOU OAK LN  
 City LAKE CHARLES State LA Zip Code 70605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMPERIAL CONSTRUCTORS INC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : SA11AI.77924**  
 Amount of Each Receipt this Period 180.00

**B. MR MARILYN M HAYS 706**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 BAYOU OAK LN  
 City LAKE CHARLES State LA Zip Code 70605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IMPERIAL CONSTRUCTORS INC Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : SA11AI.77926**  
 Amount of Each Receipt this Period 35.00

**C. MS ELLA M HELM 300**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3385 HALLMARK DR SE  
 City MARIETTA State GA Zip Code 30067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : SA11AI.77948**  
 Amount of Each Receipt this Period 100.00

**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: PAGE 67 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR GENE W HENDRIX 199**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1255  
 City BETHANY BEACH State DE Zip Code 19930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.77957**  
 Amount of Each Receipt this Period  
 250.00

**B. MR HARRY B HENGEL 328**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3622 BOCAGE DR APT 1006  
 City ORLANDO State FL Zip Code 32812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.77958**  
 Amount of Each Receipt this Period  
 150.00

**C. MS KATHLEEN HILL 080**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 WINTERBERRY LN  
 City WILLINGBORO State NJ Zip Code 08046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BOARD OF EDUCATION Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : SA11AI.78019**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 440.00  
**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 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR LEWIS H HILL 336**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 W SPANISH MAIN ST  
 City TAMPA State FL Zip Code 33609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOLEY & LARDNER LLP Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.78022**  
 Amount of Each Receipt this Period  
 200.00

**B. R ANN HINSON 344**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5282 S RIVERSIDE DR  
 City HOMOSASSA State FL Zip Code 34448  
 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 ▼ 293.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.78037**  
 Amount of Each Receipt this Period  
 20.00

**C. R ANN HINSON 344**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5282 S RIVERSIDE DR  
 City HOMOSASSA State FL Zip Code 34448  
 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 ▼ 313.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78036**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. R ANN HINSON 344</b>		Date of Receipt
Mailing Address 5282 S RIVERSIDE DR		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOMOSASSA	FL	34448
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.78038</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOMEMAKER	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="338.00"/>	

Full Name (Last, First, Middle Initial) <b>B. R ANN HINSON 344</b>		Date of Receipt
Mailing Address 5282 S RIVERSIDE DR		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOMOSASSA	FL	34448
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.78039</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOMEMAKER	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="363.00"/>	

Full Name (Last, First, Middle Initial) <b>C. R ANN HINSON 344</b>		Date of Receipt
Mailing Address 5282 S RIVERSIDE DR		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
HOMOSASSA	FL	34448
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.78040</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOMEMAKER	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="373.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR BILL HOLDEN 956**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4467 PLANTATION DR  
City FAIR OAKS State CA Zip Code 95628  
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 ▼ 2375.00

Date of Receipt  
08 / 14 / 2015  
**Transaction ID : SA11AI.78075**  
Amount of Each Receipt this Period  
250.00

**B. MR VIRGIL L HOLT 652**  
Full Name (Last, First, Middle Initial)  
Mailing Address 567 COUNTY ROAD 323  
City FRANKLIN State CO Zip Code 65250  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 241.00

Date of Receipt  
08 / 13 / 2015  
**Transaction ID : SA11AI.78103**  
Amount of Each Receipt this Period  
10.00

**C. JUANITA S HUFF 615**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1910 SAINT CLAIR DR  
City PEKIN State IL Zip Code 61554  
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 ▼ 273.00

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : SA11AI.78155**  
Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 295.00  
**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 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. JUANITA S HUFF 615**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 SAINT CLAIR DR  
 City PEKIN State IL Zip Code 61554  
 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 ▼ 386.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.78156**  
 Amount of Each Receipt this Period  
 113.00

**B. MR JOHN S HUMMER 945**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1860 TICE CREEK DR APT 1203  
 City WALNUT CREEK State CA Zip Code 94595  
 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 ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.78168**  
 Amount of Each Receipt this Period  
 45.00

**C. MR CHARLES IVERS 515**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32825 MAGNOLIA RD  
 City MINDEN State IA Zip Code 51553  
 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 ▼ 223.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.78206**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	183.00
<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 72 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR CHARLES IVERS 515**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32825 MAGNOLIA RD  
 City MINDEN State IA Zip Code 51553  
 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 ▼ 248.50

Date of Receipt 08 / 17 / 2015  
**Transaction ID : SA11AI.78207**  
 Amount of Each Receipt this Period 25.00

**B. MR CHARLES IVERS 515**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32825 MAGNOLIA RD  
 City MINDEN State IA Zip Code 51553  
 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 ▼ 286.50

Date of Receipt 08 / 17 / 2015  
**Transaction ID : SA11AI.78208**  
 Amount of Each Receipt this Period 38.00

**C. MR PAUL E JACKSON 324**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 MARINA DR  
 City PANAMA CITY BEACH State FL Zip Code 32407  
 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 ▼ 900.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : SA11AI.78212**  
 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 73 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR BRUCE C JACOBSON 483**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 WALLOON CT  
 City LAKE ORION State MI Zip Code 48360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.78223**  
 Amount of Each Receipt this Period  
 50.00

**B. MR BRUCE C JACOBSON 483**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 WALLOON CT  
 City LAKE ORION State MI Zip Code 48360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.78224**  
 Amount of Each Receipt this Period  
 50.00

**C. DURK JAGER 294**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 69 OTTER IS  
 City JOHNS ISLAND State SC Zip Code 29455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KIAWAH CONSERVANCY Occupation TRUSTEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.78226**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS BARBARA JARVIS 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13923 DUNCANNON DR  
 City HOUSTON State TX Zip Code 77015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.78242**  
 Amount of Each Receipt this Period  
 100.00

**B. MR TERRY JOHNSON 113**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7535 UTOPIA PKWY  
 City FLUSHING State NY Zip Code 11366  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78271**  
 Amount of Each Receipt this Period  
 57.00

**C. MR TERRY JOHNSON 113**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7535 UTOPIA PKWY  
 City FLUSHING State NY Zip Code 11366  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : SA11AI.78269**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR TERRY JOHNSON 113**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7535 UTOPIA PKWY  
 City FLUSHING State NY Zip Code 11366  
 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 ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.78270**  
 Amount of Each Receipt this Period  
 35.00

**B. MR HAROLD JOHNSON 928**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 752 NANCY LN  
 City FULLERTON State CA Zip Code 92831  
 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 ▼ 206.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.78307**  
 Amount of Each Receipt this Period  
 20.00

**C. MELVIN W JOHNSON 940**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066  
 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 M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78311**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 76 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MELVIN W JOHNSON 940**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 337 HAZEL AVE  
 City SAN BRUNO State CA Zip Code 94066  
 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 / 28 / 2015  
**Transaction ID : SA11AI.78310**  
 Amount of Each Receipt this Period 75.00

**B. MR ROBERT F JONES 325**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 BRIAN CIR  
 City MARY ESTHER State FL Zip Code 32569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 17 / 2015  
**Transaction ID : SA11AI.78335**  
 Amount of Each Receipt this Period 75.00

**C. MR ROBERT F JONES 325**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 BRIAN CIR  
 City MARY ESTHER State FL Zip Code 32569  
 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 ▼ 320.00

Date of Receipt 08 / 21 / 2015  
**Transaction ID : SA11AI.78336**  
 Amount of Each Receipt this Period 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 77 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS MARIE-LUISE KALSI 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13307 CAROUSEL CT  
 City HOUSTON State TX Zip Code 77041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78393**  
 Amount of Each Receipt this Period  
 100.00

**B. MS MARY B KASBOHM 142**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 FLEETWOOD TER  
 City BUFFALO State NY Zip Code 14221  
 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  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.78405**  
 Amount of Each Receipt this Period  
 100.00

**C. MS SACHIKO KAWAGUCHI 967**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 10335  
 City HILO State HI Zip Code 96721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF HAWAII Occupation PROFESSOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : SA11AI.78411**  
 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 78 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. DAVID J KELLER 983**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2381

City BUCKLEY	State WA	Zip Code 98321
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

**Transaction ID : SA11AI.78430**

Amount of Each Receipt this Period  
200.00

**B. MR HARVEY KING 967**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 AALAPAPA PL

City KAILUA	State HI	Zip Code 96734
----------------	-------------	-------------------

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

Name of Employer KING & NEIL INC	Occupation PRESIDENT
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

**Transaction ID : SA11AI.78467**

Amount of Each Receipt this Period  
250.00

**C. PAUL KINGSBURY 852**  
Full Name (Last, First, Middle Initial)

Mailing Address 27208 N AGUA VERDE DR

City RIO VERDE	State AZ	Zip Code 85263
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

**Transaction ID : SA11AI.78468**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR CRAIG KLEINBECK 333**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 NW 47TH TER APT 125  
 City LAUDERDALE LAKES State FL Zip Code 33319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SLINKY THE CLOWN Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11AI.78495**  
 Amount of Each Receipt this Period 100.00

**B. MR CRAIG KLEINBECK 333**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 NW 47TH TER APT 125  
 City LAUDERDALE LAKES State FL Zip Code 33319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SLINKY THE CLOWN Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.78494**  
 Amount of Each Receipt this Period 20.00

**C. MR H KNAPHEIDE 623 III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 7140  
 City QUINCY State IL Zip Code 62305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KNAPHEIDE MANUFACTURING CO INC Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11AI.78504**  
 Amount of Each Receipt this Period 500.00

**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 80 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR H KNAPHEIDE 623 III</b>			Date of Receipt
Mailing Address PO BOX 7140			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.78505</b>
QUINCY	IL	62305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
KNAPHEIDE MANUFACTURING CO INC	PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR GEORGE KOLOVOS 900</b>			Date of Receipt
Mailing Address 12424 WILSHIRE BLVD STE 1040			<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.78542</b>
LOS ANGELES	CA	90025	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
RETIRED	ENGINEER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR JAMES E LAIN 926</b>			Date of Receipt
Mailing Address PO BOX 1939			<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.78601</b>
HUNTINGTON BEACH	CA	92647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 81 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ELDON LATHAM 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 SUNNYSIDE DR  
 City Eugene State OR Zip Code 97404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 08 / 07 / 2015  
**Transaction ID : SA11AI.78641**  
 Amount of Each Receipt this Period 40.00

**B. MR ELDON LATHAM 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 SUNNYSIDE DR  
 City Eugene State OR Zip Code 97404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11AI.78640**  
 Amount of Each Receipt this Period 35.00

**C. MR ELDON LATHAM 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 SUNNYSIDE DR  
 City Eugene State OR Zip Code 97404  
 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 ▼ 305.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : SA11AI.78643**  
 Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ELDON LATHAM 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 SUNNYSIDE DR  
 City EUGENE State OR Zip Code 97404  
 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 **345.00**

Date of Receipt  
 08 / 31 / 2015  
**Transaction ID : SA11AI.78642**  
 Amount of Each Receipt this Period  
**40.00**

**B. MR PETER LAWSON-JOHNSTON 334**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 S BEACH RD  
 City HOBE SOUND State FL Zip Code 33455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COUGSENHEIM BROTHERS Occupation PARTNER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 08 / 18 / 2015  
**Transaction ID : SA11AI.78656**  
 Amount of Each Receipt this Period  
**250.00**

**C. MR ROBERT LEAHY 284**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 JASMINE LN SW  
 City SUNSET BEACH State NC Zip Code 28468  
 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 / 13 / 2015  
**Transaction ID : SA11AI.78661**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>340.00</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: (check only one)	PAGE 83 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROBERT LEIGHTON 430**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1687 LAKE DR  
 City State Zip Code  
 HEATH OH 43056  
 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 ▼  
 303.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78686**  
 Amount of Each Receipt this Period  
 53.00

**B. MS LORETTA LEMBO 321**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 ESCOBAR AVE  
 City State Zip Code  
 THE VILLAGES FL 32159  
 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 ▼  
 263.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.78688**  
 Amount of Each Receipt this Period  
 100.00

**C. MR ROBERT LEONARD 988**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20203 CHERRY RD NW  
 City State Zip Code  
 SOAP LAKE WA 98851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ROBERT LEONARD SALON & DAY SPA PROPRIETOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.78691**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.00
<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 84 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROBERT LEONARD 988**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20203 CHERRY RD NW  
 City SOAP LAKE State WA Zip Code 98851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROBERT LEONARD SALON & DAY SPA Occupation PROPRIETOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11Al.78692**  
 Amount of Each Receipt this Period  
 75.00

**B. ONA LESTER 300**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1101 HUMPHRIES RD NW  
 City CONYERS State GA Zip Code 30012  
 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 ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11Al.78696**  
 Amount of Each Receipt this Period  
 35.00

**C. MS HILMA A LEVIS 775**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6901 AVE E  
 City SANTA FE State TX Zip Code 77510  
 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 ▼ 273.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11Al.78698**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS MARGIE L LEVY 900</b>		Date of Receipt
Mailing Address 5465 10TH AVE		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
LOS ANGELES	CA	90043
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.78699</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="335.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR VERNON LEWIS 853</b>		Date of Receipt
Mailing Address 204 E SANTA CRUZ DR		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
GOODYEAR	AZ	85338
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.78705</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
LEWIS WELDING SUPPLY INC	SELF EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR VERNON LEWIS 853</b>		Date of Receipt
Mailing Address 204 E SANTA CRUZ DR		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
GOODYEAR	AZ	85338
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11Al.78704</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
LEWIS WELDING SUPPLY INC	SELF EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="325.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR WESLEY LINDSTROM 561**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2743 171ST ST  
 City CURRIE State MN Zip Code 56123  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.78733**  
 Amount of Each Receipt this Period  
 75.00

**B. MR MUNSON W LITTLE 926**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 MIRA LAS OLAS  
 City SAN CLEMENTE State CA Zip Code 92673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.78749**  
 Amount of Each Receipt this Period  
 20.00

**C. MR MUNSON W LITTLE 926**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 MIRA LAS OLAS  
 City SAN CLEMENTE State CA Zip Code 92673  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.78746**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR DONALD L LJUNGREN 553**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 CENTURY AVE SW #214

City HUTCHINSON	State MN	Zip Code 55350
--------------------	-------------	-------------------

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 ▼  
 385.00

Date of Receipt  
 08 / 28 / 2015  
**Transaction ID : SA11AI.78755**

Amount of Each Receipt this Period  
 50.00

**B. LOUISE LOCKE 746**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 WOODCREST

City PONCA CITY	State OK	Zip Code 74604
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 08 / 17 / 2015  
**Transaction ID : SA11AI.78761**

Amount of Each Receipt this Period  
 35.00

**C. LOUISE LOCKE 746**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 WOODCREST

City PONCA CITY	State OK	Zip Code 74604
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 08 / 21 / 2015  
**Transaction ID : SA11AI.78760**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<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 88 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS OPAL LOFDAHL 680**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S 7TH ST APT 3  
 City State Zip Code  
 TEKAMAH NE 68061  
 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 ▼  
 308.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78764**  
 Amount of Each Receipt this Period  
 120.00

**B. MS OPAL LOFDAHL 680**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S 7TH ST APT 3  
 City State Zip Code  
 TEKAMAH NE 68061  
 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 ▼  
 333.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.78765**  
 Amount of Each Receipt this Period  
 25.00

**C. MS OPAL LOFDAHL 680**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S 7TH ST APT 3  
 City State Zip Code  
 TEKAMAH NE 68061  
 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 ▼  
 363.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.78762**  
 Amount of Each Receipt this Period  
 30.00

**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: (check only one)	PAGE 89 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR BERNARD LOUIS 535**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30551 COUNTY HWY B  
 City LONE ROCK State WI Zip Code 53556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.78798**  
 Amount of Each Receipt this Period  
 200.00

**B. MR ROBERT LUDBROOK 980**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26501 SOMERSET LN  
 City KENT State WA Zip Code 98032  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.78809**  
 Amount of Each Receipt this Period  
 50.00

**C. MR ROBERT LUDBROOK 980**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26501 SOMERSET LN  
 City KENT State WA Zip Code 98032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.78810**  
 Amount of Each Receipt this Period  
 45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. DR WALTER LUNG 968 DDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4244 HUANUI ST  
City HONOLULU State HI Zip Code 96816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation DENTIST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2015  
Transaction ID : SA11AI.78827  
Amount of Each Receipt this Period 40.00

**B. MR CLISBEE LYMAN 845**  
Full Name (Last, First, Middle Initial)  
Mailing Address 435 S 200 W # 632  
City BLANDING State UT Zip Code 84511  
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 ▼ 245.00

Date of Receipt 08 / 14 / 2015  
Transaction ID : SA11AI.78831  
Amount of Each Receipt this Period 105.00

**C. MR DONALD W MAKINSON 750**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 ARAPAHO E  
City SHERMAN State TX Zip Code 75092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt 08 / 27 / 2015  
Transaction ID : SA11AI.78866  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS G H MARTIN 194**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3216 BRITTANY PT  
 City LANSDALE State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.78922**  
 Amount of Each Receipt this Period  
 300.00

**B. MR ROBERT T MARTIN 330**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 DIAMOND DRIVE  
 City KEY WEST State FL Zip Code 33040  
 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 ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : SA11AI.78924**  
 Amount of Each Receipt this Period  
 500.00

**C. MR RICHARD MARX 125**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 440  
 City WAPPINGERS FALLS State NY Zip Code 12590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1012.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.78942**  
 Amount of Each Receipt this Period  
 100.00

<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 92 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RICHARD MARX 125**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 440  
 City WAPPINGERS FALLS State NY Zip Code 12590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1240.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : SA11AI.78941**  
 Amount of Each Receipt this Period 228.00

**B. DR VIRGINIA MCBURNEY 523**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3697 TODDVILLE RD  
 City TODDVILLE State IA Zip Code 52341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation DOCTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 08 / 10 / 2015  
**Transaction ID : SA11AI.78981**  
 Amount of Each Receipt this Period 80.00

**C. CHARLES E MCCARTY 756**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 SHADOWOOD DR  
 City MARSHALL State TX Zip Code 75672  
 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 08 / 24 / 2015  
**Transaction ID : SA11AI.78990**  
 Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 343.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 93 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. CHARLES E MCCARTY 756**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 SHADOWOOD DR  
 City MARSHALL State TX Zip Code 75672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : SA11AI.78991**  
 Amount of Each Receipt this Period 35.00

**B. MR JOHN MCCRILLIS 037**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 458  
 City NEWPORT State NH Zip Code 03773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 08 / 03 / 2015  
**Transaction ID : SA11AI.79003**  
 Amount of Each Receipt this Period 80.00

**C. MR JOHN MCCRILLIS 037**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 458  
 City NEWPORT State NH Zip Code 03773  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 08 / 03 / 2015  
**Transaction ID : SA11AI.79004**  
 Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR JOHN MCCRILLIS 037</b>		Date of Receipt
Mailing Address PO BOX 458		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11AI.79002</b>
NEWPORT	NH	Amount of Each Receipt this Period
Zip Code		<input type="text" value="80.00"/>
03773		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="395.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS OLIVIA MCFADDEN 852</b>		Date of Receipt
Mailing Address 11011 N ZEPHYR DR UNIT 111		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11AI.79017</b>
FOUNTAIN HILLS	AZ	Amount of Each Receipt this Period
Zip Code		<input type="text" value="500.00"/>
85268		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MRS ESTHER MCKENZIE 828</b>		Date of Receipt
Mailing Address 420 AIRPORT RD SPC 66		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11AI.79039</b>
SHERIDAN	WY	Amount of Each Receipt this Period
Zip Code		<input type="text" value="30.00"/>
82801		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="610.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS ESTHER MCKENZIE 828</b>		Date of Receipt
Mailing Address 420 AIRPORT RD SPC 66		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code SHERIDAN WY 82801		<b>Transaction ID : SA11AI.79040</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR DOUGLAS MCKISSACK 314</b>		Date of Receipt
Mailing Address 7 BITTERROOT LN		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City State Zip Code SAVANNAH GA 31419		<b>Transaction ID : SA11AI.79058</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer GULFSTREAM AEROSPACE CORP	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR DOUGLAS MCKISSACK 314</b>		Date of Receipt
Mailing Address 7 BITTERROOT LN		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City State Zip Code SAVANNAH GA 31419		<b>Transaction ID : SA11AI.79057</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer GULFSTREAM AEROSPACE CORP	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR WILLIAM G MCLAUGHLIN 336**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 E PALM AVE APT A314

City TAMPA	State FL	Zip Code 33605
---------------	-------------	-------------------

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 ▼  
673.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.79063**

Amount of Each Receipt this Period  
 35.00

**B. MR WILLIAM G MCLAUGHLIN 336**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 E PALM AVE APT A314

City TAMPA	State FL	Zip Code 33605
---------------	-------------	-------------------

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 ▼  
698.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79061**

Amount of Each Receipt this Period  
 25.00

**C. MR WILLIAM G MCLAUGHLIN 336**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 E PALM AVE APT A314

City TAMPA	State FL	Zip Code 33605
---------------	-------------	-------------------

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 ▼  
733.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.79062**

Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS M R MCMORRIS 770**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 SWEET GRASS TRL  
 City HOUSTON State TX Zip Code 77090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.79076**  
 Amount of Each Receipt this Period  
 53.00

**B. MR MARINO MEACCI 937**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6627 W SHIELDS AVE  
 City FRESNO State CA Zip Code 93723  
 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 ▼ 415.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.79087**  
 Amount of Each Receipt this Period  
 40.00

**C. MRS MARY L MELTZER 139**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 EDGECOMB RD  
 City BINGHAMTON State NY Zip Code 13905  
 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.79111**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	393.00
<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 98 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS JOAN G MILAM 333</b>		Date of Receipt
Mailing Address 2673 CENTER COURT DR		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
WESTON	FL	33332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79147</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	HOMEMAKER	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="975.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JOAN MILLER 324</b>		Date of Receipt
Mailing Address 1007 MEADOWLARK LN		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHIPLEY	FL	32428
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79163</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOAN MILLER 324</b>		Date of Receipt
Mailing Address 1007 MEADOWLARK LN		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHIPLEY	FL	32428
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79164</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="290.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROBERT E MILLER 729**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2917 CLIFF DR  
 City FORT SMITH State AR Zip Code 72901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation INVESTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 24 / 2015**  
**Transaction ID : SA11AI.79177**  
 Amount of Each Receipt this Period **100.00**

**B. MR LEE MILLER 793**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 COTTONWOOD LN  
 City RANSOM CANYON State TX Zip Code 79366  
 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 **265.00**

Date of Receipt **08 / 10 / 2015**  
**Transaction ID : SA11AI.79180**  
 Amount of Each Receipt this Period **20.00**

**C. MR LEE MILLER 793**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 COTTONWOOD LN  
 City RANSOM CANYON State TX Zip Code 79366  
 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 **315.00**

Date of Receipt **08 / 11 / 2015**  
**Transaction ID : SA11AI.79182**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**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 100 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR LEE MILLER 793**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 COTTONWOOD LN  
 City RANSOM CANYON State TX Zip Code 79366  
 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 ▼ 365.00

Date of Receipt  
 08 / 24 / 2015  
**Transaction ID : SA11AI.79179**  
 Amount of Each Receipt this Period  
 50.00

**B. MR LEE MILLER 793**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 COTTONWOOD LN  
 City RANSOM CANYON State TX Zip Code 79366  
 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 ▼ 410.00

Date of Receipt  
 08 / 31 / 2015  
**Transaction ID : SA11AI.79181**  
 Amount of Each Receipt this Period  
 45.00

**C. MR LEE MILLER 793**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 COTTONWOOD LN  
 City RANSOM CANYON State TX Zip Code 79366  
 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 ▼ 460.00

Date of Receipt  
 08 / 31 / 2015  
**Transaction ID : SA11AI.79183**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00  
**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 101 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR LANCE MILLS 961**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 303  
 City State Zip Code  
 CARNELIAN BAY CA 96140  
 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 ▼  
 303.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79197**  
 Amount of Each Receipt this Period  
 55.00

**B. MR HEINZ MOLITOR 109**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 GILBERT AVE  
 City State Zip Code  
 PEARL RIVER NY 10965  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.79216**  
 Amount of Each Receipt this Period  
 35.00

**C. MR HEINZ MOLITOR 109**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 59 GILBERT AVE  
 City State Zip Code  
 PEARL RIVER NY 10965  
 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 ▼  
 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.79215**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**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 102 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS PATRICIA MOLLINO 117**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 N BAY AVE

City MASSAPEQUA	State NY	Zip Code 11758
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>270.00</b>	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : SA11AI.79217**

Amount of Each Receipt this Period  

<b>60.00</b>
--------------

**B. MS PATRICIA MOLLINO 117**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 N BAY AVE

City MASSAPEQUA	State NY	Zip Code 11758
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>330.00</b>	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11AI.79219**

Amount of Each Receipt this Period  

<b>60.00</b>
--------------

**C. MS PATRICIA MOLLINO 117**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 N BAY AVE

City MASSAPEQUA	State NY	Zip Code 11758
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ <b>355.00</b>	

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11AI.79218**

Amount of Each Receipt this Period  

<b>25.00</b>
--------------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</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: (check only one)	PAGE 103 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JACK W MOORE 857**  
Full Name (Last, First, Middle Initial)

Mailing Address 64301 E SQUASH BLOSSOM LN

City TUCSON	State AZ	Zip Code 85739
----------------	-------------	-------------------

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 ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

**Transaction ID : SA11AI.79246**

Amount of Each Receipt this Period  
75.00

**B. MR R MOORE 982**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 334

City LYNDEN	State WA	Zip Code 98264
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2015

**Transaction ID : SA11AI.79252**

Amount of Each Receipt this Period  
100.00

**C. MRS MARIE B MORSE 447**  
Full Name (Last, First, Middle Initial)

Mailing Address 3025 WOODCLIFF DR NW

City CANTON	State OH	Zip Code 44718
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : SA11AI.79297**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<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 104 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS FRANCIS MORSE 956**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4181 FORT JIM RD

City PLACERVILLE	State CA	Zip Code 95667
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

**Transaction ID : SA11AI.79300**

Amount of Each Receipt this Period  
100.00

**B. MS FRANCIS MORSE 956**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4181 FORT JIM RD

City PLACERVILLE	State CA	Zip Code 95667
---------------------	-------------	-------------------

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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

**Transaction ID : SA11AI.79301**

Amount of Each Receipt this Period  
1000.00

**C. MS BETTY S MOTT 802**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5206 E ATLANTIC PL

City DENVER	State CO	Zip Code 80222
----------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : SA11AI.79308**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1135.00
<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 105 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR HENRY MOYER 159</b>		Date of Receipt
Mailing Address 235 MEADOW DR		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
JOHNSTOWN	PA	15905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79314</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR HENRY MOYER 159</b>		Date of Receipt
Mailing Address 235 MEADOW DR		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
JOHNSTOWN	PA	15905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79313</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR HENRY MOYER 159</b>		Date of Receipt
Mailing Address 235 MEADOW DR		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
JOHNSTOWN	PA	15905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79312</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 106 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR HENRY MOYER 159**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 235 MEADOW DR  
 City JOHNSTOWN State PA Zip Code 15905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.79315**  
 Amount of Each Receipt this Period  
 300.00

**B. WILLIAM S MULLINS 394**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 TWIN OAKS PL  
 City LAUREL State MS Zip Code 39440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.79328**  
 Amount of Each Receipt this Period  
 100.00

**C. FRANK MUNSON 068**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 CANDLEWOOD LN  
 City DARIEN State CT Zip Code 06820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : SA11AI.79338**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**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 107 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS ELAINE T MURHAMMER 701</b>		Date of Receipt
Mailing Address 4112 JEFFERSON HWY APT 320		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
JEFFERSON	LA	70121
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79340</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="450.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="825.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR CLAIR J MURPHY 551</b>		Date of Receipt
Mailing Address 1626 RUTH ST N		<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAINT PAUL	MN	55119
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79343</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="425.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR CLAIR J MURPHY 551</b>		Date of Receipt
Mailing Address 1626 RUTH ST N		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAINT PAUL	MN	55119
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.79345</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="535.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR CLAIR J MURPHY 551**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 RUTH ST N  
 City SAINT PAUL State MN Zip Code 55119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79344**  
 Amount of Each Receipt this Period  
 35.00

**B. STEVE H MYHR 981**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4407 30TH AVE W # A  
 City SEATTLE State WA Zip Code 98199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BURLINGTON NORTHERN Occupation RAILROAD EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79365**  
 Amount of Each Receipt this Period  
 150.00

**C. STEVE H MYHR 981**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4407 30TH AVE W # A  
 City SEATTLE State WA Zip Code 98199  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BURLINGTON NORTHERN Occupation RAILROAD EMPLOYEE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.79364**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	285.00
<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 109 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR HAROLD NANSEL 805**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 ANEMONIE DR

City LOVELAND	State CO	Zip Code 80537
------------------	-------------	-------------------

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 ▼  
201.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

**Transaction ID : SA11AI.79374**

Amount of Each Receipt this Period  

10.00
-------

**B. MR HAROLD NANSEL 805**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 ANEMONIE DR

City LOVELAND	State CO	Zip Code 80537
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2015

**Transaction ID : SA11AI.79370**

Amount of Each Receipt this Period  

10.00
-------

**C. MR HAROLD NANSEL 805**  
Full Name (Last, First, Middle Initial)

Mailing Address 2615 ANEMONIE DR

City LOVELAND	State CO	Zip Code 80537
------------------	-------------	-------------------

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 ▼  
221.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : SA11AI.79372**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR GERHARD F NEILS 986 JR</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2015 <b>Transaction ID : SA11AI.79387</b>
Mailing Address PO BOX 563		Amount of Each Receipt this Period 200.00
City WHITE SALMON	State WA	Zip Code 98672
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. MR RALPH NELSON 932</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2015 <b>Transaction ID : SA11AI.79394</b>
Mailing Address PO BOX 1287		Amount of Each Receipt this Period 50.00
City LEBEC	State CA	Zip Code 93243
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. MR RALPH NELSON 932</b>		Date of Receipt MM / DD / YYYY 08 / 06 / 2015 <b>Transaction ID : SA11AI.79395</b>
Mailing Address PO BOX 1287		Amount of Each Receipt this Period 300.00
City LEBEC	State CA	Zip Code 93243
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 ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR FRANK NOONAN 949</b>		Date of Receipt
Mailing Address 241 LOCUST AVE		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAN RAFAEL	CA	94901
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.79434</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	ACCOUNTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS FRANCES O'KEEFE 460</b>		Date of Receipt
Mailing Address 1505 GWINN LN		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
LAPEL	IN	46051
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.79490</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="228.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DR APRIL G O'QUINN 701 MD</b>		Date of Receipt
Mailing Address 5100 BANCROFT DR		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEW ORLEANS	LA	70122
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.79521</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="53.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	SURGEON	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="338.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="288.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. COL GEORGE OLIVER 780</b>		Date of Receipt
Mailing Address PO BOX 373		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11AI.79498</b>
CENTER POINT	TX	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="25.00"/>
C	78010	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR SHIH YUEN PAI 113</b>		Date of Receipt
Mailing Address 6414 79TH ST		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11AI.79547</b>
MIDDLE VILLAGE	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="1001.00"/>
C	11379	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MISS EDITH P PALMER 109</b>		Date of Receipt
Mailing Address 282 LAROE RD		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	<b>Transaction ID : SA11AI.79555</b>
CHESTER	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="500.00"/>
C	10918	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1526.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. SHIRLEY PALMER 978</b>		Date of Receipt
Mailing Address 57564 REDDING RD		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
HEPPNER	OR	97836
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.79558</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="113.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="323.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SHIRLEY PALMER 978</b>		Date of Receipt
Mailing Address 57564 REDDING RD		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
HEPPNER	OR	97836
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.79557</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="448.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DOROTHY PALOMO 606</b>		Date of Receipt
Mailing Address 2500 N LAKEVIEW AVE APT 803		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHICAGO	IL	60614
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.79559</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="298.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JAMES PANKONIEN 537**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 GOLD DR  
 City FITCHBURG State WI Zip Code 53711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.79562**  
 Amount of Each Receipt this Period  
 150.00

**B. MR THOMAS PAPPAS 571**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4808 S ARDEN AVE  
 City SIOUX FALLS State SD Zip Code 57103  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.79566**  
 Amount of Each Receipt this Period  
 85.00

**C. MRS MARGOT PATRICK 958**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 ARUBA CIR  
 City SACRAMENTO State CA Zip Code 95823  
 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 ▼ 207.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79582**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<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 115 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MISS TERRI PAWLOSKY 463</b>		Date of Receipt
Mailing Address 113 SWAN DR # 3D		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City DYER	State IN	Zip Code 46311
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.79594</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="205.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MISS TERRI PAWLOSKY 463</b>		Date of Receipt
Mailing Address 113 SWAN DR # 3D		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City DYER	State IN	Zip Code 46311
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.79593</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="240.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MISS TERRI PAWLOSKY 463</b>		Date of Receipt
Mailing Address 113 SWAN DR # 3D		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City DYER	State IN	Zip Code 46311
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.79595</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="340.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 116 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RONALD L PAYNE 282**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2146 SHARON LN  
 City CHARLOTTE State NC Zip Code 28211  
 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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.79598**  
 Amount of Each Receipt this Period  
 100.00

**B. MRS CARLA PEMBERTON 918**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 POPLAR BLVD  
 City ALHAMBRA State CA Zip Code 91803  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.79621**  
 Amount of Each Receipt this Period  
 50.00

**C. MRS CARLA PEMBERTON 918**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2905 POPLAR BLVD  
 City ALHAMBRA State CA Zip Code 91803  
 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 ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.79622**  
 Amount of Each Receipt this Period  
 50.00

**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 117 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. DR L PENNEY 838 MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 980 W IRONWOOD DR STE 101  
 City State Zip Code  
 COEUR D ALENE ID 83814  
 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 ▼  
 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.79624**  
 Amount of Each Receipt this Period  
 150.00

**B. HARRY F PERRY 930**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1153 GUINDA CT  
 City State Zip Code  
 CAMARILLO CA 93010  
 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 ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.79636**  
 Amount of Each Receipt this Period  
 45.00

**C. MR HARRY PHILLIPS 791**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 S FILLMORE ST  
 City State Zip Code  
 AMARILLO TX 79101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED OIL AND GAS INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.79664**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 445.00  
**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 118 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR HARRY PHILLIPS 791**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 S FILLMORE ST  
 City AMARILLO State TX Zip Code 79101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation OIL AND GAS INVESTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79665**  
 Amount of Each Receipt this Period  
 500.00

**B. MS LINDA PIERCE-HEANEY 850**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48412 N BLACK CYN HWY PMB 373  
 City NEW RIVER State AZ Zip Code 85087  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.79681**  
 Amount of Each Receipt this Period  
 30.00

**C. MS LINDA PIERCE-HEANEY 850**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48412 N BLACK CYN HWY PMB 373  
 City NEW RIVER State AZ Zip Code 85087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.79680**  
 Amount of Each Receipt this Period  
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. JOHN T PIERSON 662 JR</b>		Date of Receipt
Mailing Address 2801 W 63RD ST		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
MISSION HILLS	KS	66208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
PRECO INDUSTRIES INC	INVENTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Transaction ID : SA11AI.79682		

Full Name (Last, First, Middle Initial) <b>B. MR RUSSELL POFF 971</b>		Date of Receipt
Mailing Address 3802 HAYES ST UNIT 209		<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code
NEWBERG	OR	97132
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Transaction ID : SA11AI.79701		

Full Name (Last, First, Middle Initial) <b>C. MRS PHYLLIS POHL 105</b>		Date of Receipt
Mailing Address 720 MILTON ROAD APT NORTH F1		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2015"/>
City	State	Zip Code
RYE	NY	10580
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="305.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Transaction ID : SA11AI.79703		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS PHYLLIS POHL 105**  
Full Name (Last, First, Middle Initial)  
Mailing Address 720 MILTON ROAD APT NORTH F1

City RYE	State NY	Zip Code 10580
-------------	-------------	-------------------

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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : SA11AI.79705**

Amount of Each Receipt this Period  
15.00

**B. MRS PHYLLIS POHL 105**  
Full Name (Last, First, Middle Initial)  
Mailing Address 720 MILTON ROAD APT NORTH F1

City RYE	State NY	Zip Code 10580
-------------	-------------	-------------------

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 ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : SA11AI.79704**

Amount of Each Receipt this Period  
25.00

**C. PHYLLIS POHL 334**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10510 LAUREL ESTATES LN

City LAKE WORTH	State FL	Zip Code 33449
--------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

**Transaction ID : SA11AI.79707**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 121 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. SISTER CELIA PONCE 856**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 N CARONDELET DR  
 City NOGALES State AZ Zip Code 85621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CATHOLIC CHURCH Occupation NUN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79715**  
 Amount of Each Receipt this Period  
 100.00

**B. MR LLOYD C POND 874**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3102 KNUDSEN AVE  
 City FARMINGTON State NM Zip Code 87401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.79716**  
 Amount of Each Receipt this Period  
 100.00

**C. MR RAY E POYNOR 851**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 754  
 City ARIZONA CITY State AZ Zip Code 85123  
 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 M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79746**  
 Amount of Each Receipt this Period  
 15.00

**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: (check only one)	PAGE 122 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RAY E POYNOR 851**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 754

City ARIZONA CITY	State AZ	Zip Code 85123
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.79745**

Amount of Each Receipt this Period  
 15.00

**B. MR RAY E POYNOR 851**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 754

City ARIZONA CITY	State AZ	Zip Code 85123
----------------------	-------------	-------------------

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 ▼  
265.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79744**

Amount of Each Receipt this Period  
 15.00

**C. MR RAY E POYNOR 851**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 754

City ARIZONA CITY	State AZ	Zip Code 85123
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79747**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RAY E POYNOR 851**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 754  
 City ARIZONA CITY State AZ Zip Code 85123  
 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 ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79748**  
 Amount of Each Receipt this Period  
 15.00

**B. MR JOHN T PRATT 349**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1479 SW SHORELINE DR  
 City PALM CITY State FL Zip Code 34990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.79756**  
 Amount of Each Receipt this Period  
 100.00

**C. MISS LYNETTE PRESSON 853**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8620 N 65TH AVE APT 334  
 City GLENDALE State AZ Zip Code 85302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79759**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.79756

VIGOP is the committee that is responsible for the day to day operations of the Republican Party in the Virgin Islands. The committee has petitioned the Federal Election Commission for recognition, however the wording in the letter from the Republican National Committee did not satisfy the General Counsel's Office and we are therefore in the process of securing a second letter. Upon receipt we will re-petition the FEC for recognition as a State Party and once recognized the contribution aggregate of this donor will be within the Federal limits.

Form/Schedule:

Transaction ID:

**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 125 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN PRICE 988**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 715 QUINCE ST UNIT 2212

City OMAK	State WA	Zip Code 98841
--------------	-------------	-------------------

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

Name of Employer PRICE MOTORS INC	Occupation PRESIDENT
--------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015

**Transaction ID : SA11AI.79771**

Amount of Each Receipt this Period  
35.00

**B. MR RICHARD PUCKETT 617**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 LONGWOOD LN

City BLOOMINGTON	State IL	Zip Code 61704
---------------------	-------------	-------------------

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 ▼  
950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.79783**

Amount of Each Receipt this Period  
50.00

**C. MR RICHARD PUCKETT 617**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 LONGWOOD LN

City BLOOMINGTON	State IL	Zip Code 61704
---------------------	-------------	-------------------

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  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11AI.79781**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RICHARD PUCKETT 617**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 LONGWOOD LN  
 City BLOOMINGTON State IL Zip Code 61704  
 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 / 28 / 2015  
**Transaction ID : SA11AI.79782**  
 Amount of Each Receipt this Period 100.00

**B. MS CLAIRE RAINS 941**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 41ST AVE  
 City SAN FRANCISCO State CA Zip Code 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 ▼ 305.00

Date of Receipt 08 / 20 / 2015  
**Transaction ID : SA11AI.79810**  
 Amount of Each Receipt this Period 35.00

**C. MR H CARL RECKNAGEL 531**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 375 STATE ROAD 67 APT 258  
 City DOUSMAN State WI Zip Code 53118  
 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 / 10 / 2015  
**Transaction ID : SA11AI.79826**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1135.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 127 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. GLENN REINDERS 530**

Full Name (Last, First, Middle Initial)  
Mailing Address 3479 SHERMAN RD

City JACKSON	State WI	Zip Code 53037
-----------------	-------------	-------------------

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 ▼  
925.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

**Transaction ID : SA11AI.79843**

Amount of Each Receipt this Period  
50.00

**B. MR JOSEPH J RIDOLFO 060**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 POQUONOCK AVE

City WINDSOR	State CT	Zip Code 06095
-----------------	-------------	-------------------

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 ▼  
282.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

**Transaction ID : SA11AI.79880**

Amount of Each Receipt this Period  
20.00

**C. MR JOSEPH J RIDOLFO 060**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 POQUONOCK AVE

City WINDSOR	State CT	Zip Code 06095
-----------------	-------------	-------------------

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 ▼  
302.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2015

**Transaction ID : SA11AI.79881**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 128 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOSEPH J RIDOLFO 060**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 POQUONOCK AVE  
 City WINDSOR State CT Zip Code 06095  
 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 ▼ 322.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.79884**  
 Amount of Each Receipt this Period  
 20.00

**B. MR JOSEPH J RIDOLFO 060**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 POQUONOCK AVE  
 City WINDSOR State CT Zip Code 06095  
 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 ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.79883**  
 Amount of Each Receipt this Period  
 20.00

**C. MR JOSEPH J RIDOLFO 060**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 POQUONOCK AVE  
 City WINDSOR State CT Zip Code 06095  
 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 ▼ 363.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.79882**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.00  
**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 129 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. CHARLES RIGGS 410**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 THOMAS POINTE DR  
 City FORT THOMAS State KY Zip Code 41075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79896**  
 Amount of Each Receipt this Period  
 500.00

**B. MR PHILIP E RITCH 967**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 KALUAMOO ST  
 City KAILUA State HI Zip Code 96734  
 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 ▼ 491.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79906**  
 Amount of Each Receipt this Period  
 35.00

**C. MR PHILIP E RITCH 967**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 KALUAMOO ST  
 City KAILUA State HI Zip Code 96734  
 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 ▼ 511.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.79903**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 130 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)  
**A. MR PHILIP E RITCH 967**

Mailing Address 146 KALUAMOO ST

City State Zip Code  
KAILUA HI 96734

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 ▼  
536.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.79905**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. MR PHILIP E RITCH 967**

Mailing Address 146 KALUAMOO ST

City State Zip Code  
KAILUA HI 96734

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 ▼  
581.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.79904**

Amount of Each Receipt this Period  
 45.00

Full Name (Last, First, Middle Initial)  
**C. EDWARD J ROACH 190**

Mailing Address 308 HILL RD

City State Zip Code  
HAVERTOWN PA 19083

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 ▼  
203.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.79912**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 131 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR JACK H ROBERTS 993</b>		Date of Receipt
Mailing Address 1110 WILSON HOLLOW RD		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
WAITSBURG	WA	99361
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.79924</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR JACK H ROBERTS 993</b>		Date of Receipt
Mailing Address 1110 WILSON HOLLOW RD		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
WAITSBURG	WA	99361
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.79925</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR NORMAN RODRIGUEZ 381</b>		Date of Receipt
Mailing Address 698 EATON ST		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
MEMPHIS	TN	38120
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.79950</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR GORDON ROSENGREN 554**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 PILLSBURY AVE S  
 City MINNEAPOLIS State MN Zip Code 55423  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.79980**  
 Amount of Each Receipt this Period  
**75.00**

**B. MR ALLEN RUSHTON 352**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94 COUNTRY CLUB BLVD  
 City BIRMINGHAM State AL Zip Code 35213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80024**  
 Amount of Each Receipt this Period  
**250.00**

**C. DONNA M RUSSELL 974**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 92559 DEL MAR LN  
 City COOS BAY State OR Zip Code 97420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80030**  
 Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>425.00</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: (check only one)	PAGE 133 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR PAUL O RUST 626**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 OGDEN RD

City JACKSONVILLE	State IL	Zip Code 62650
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 ▼ 285.00	

Date of Receipt  
08 / 03 / 2015  
**Transaction ID : SA11AI.80033**

Amount of Each Receipt this Period  
15.00

**B. MR PAUL O RUST 626**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 OGDEN RD

City JACKSONVILLE	State IL	Zip Code 62650
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 ▼ 297.00	

Date of Receipt  
08 / 17 / 2015  
**Transaction ID : SA11AI.80035**

Amount of Each Receipt this Period  
12.00

**C. MR PAUL O RUST 626**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 OGDEN RD

City JACKSONVILLE	State IL	Zip Code 62650
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 ▼ 312.00	

Date of Receipt  
08 / 27 / 2015  
**Transaction ID : SA11AI.80034**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR PAUL O RUST 626**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 OGDEN RD  
City JACKSONVILLE State IL Zip Code 62650  
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 ▼ 327.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : SA11AI.80036**  
Amount of Each Receipt this Period 15.00

**B. HARRIET RUTLAND 787**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1200 BELMONT PKWY  
City AUSTIN State TX Zip Code 78703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer TRES MILAGROS INC Occupation DIRECTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 11 / 2015  
**Transaction ID : SA11AI.80039**  
Amount of Each Receipt this Period 500.00

**C. GEORGE D RYERSON 432**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2407 RAVENEL DR  
City COLUMBUS State OH Zip Code 43209  
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 ▼ 245.00

Date of Receipt 08 / 26 / 2015  
**Transaction ID : SA11AI.80041**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.00  
**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 135 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. IRENE SANDOZ 687**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 JAMES ST APT 408  
 City VERDIGRE State NE Zip Code 68783  
 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 ▼ 216.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80064**  
 Amount of Each Receipt this Period  
 50.00

**B. MR JAMES R SARGENT 685**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 FREMONT ST  
 City LINCOLN State NE Zip Code 68507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.80068**  
 Amount of Each Receipt this Period  
 20.00

**C. MR JAMES R SARGENT 685**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 FREMONT ST  
 City LINCOLN State NE Zip Code 68507  
 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 ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80069**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ARTHUR H SAXON 342**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7043 STANHOPE PL  
 City UNIVERSITY PARK State FL Zip Code 34201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.80080**  
 Amount of Each Receipt this Period  
 250.00

**B. MR CHARLES SCHROEDER 920**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1973 BATCHELDER CT  
 City EL CAJON State CA Zip Code 92020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80139**  
 Amount of Each Receipt this Period  
 200.00

**C. MR H RICHARD SCHUMACHER 101**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 E 88TH ST  
 City NEW YORK State NY Zip Code 10128  
 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 ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.80151**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 137 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)  
**A. MR H RICHARD SCHUMACHER 101**

Mailing Address 47 E 88TH ST

City State Zip Code  
NEW YORK NY 10128

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 ▼  
259.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.80152**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. MR H RICHARD SCHUMACHER 101**

Mailing Address 47 E 88TH ST

City State Zip Code  
NEW YORK NY 10128

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 ▼  
279.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : SA11AI.80153**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. MR H RICHARD SCHUMACHER 101**

Mailing Address 47 E 88TH ST

City State Zip Code  
NEW YORK NY 10128

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 ▼  
294.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80150**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 138 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS EVA F SCOTT 230</b>		Date of Receipt
Mailing Address 15830 GADDES RD		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City State Zip Code AMELIA COURT HOUSE VA 23002		<b>Transaction ID : SA11AI.80167</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer SELF EMPLOYED	Occupation ENTREPRENEUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="215.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MRS EVA F SCOTT 230</b>		Date of Receipt
Mailing Address 15830 GADDES RD		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City State Zip Code AMELIA COURT HOUSE VA 23002		<b>Transaction ID : SA11AI.80166</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer SELF EMPLOYED	Occupation ENTREPRENEUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="265.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MRS EVA F SCOTT 230</b>		Date of Receipt
Mailing Address 15830 GADDES RD		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code AMELIA COURT HOUSE VA 23002		<b>Transaction ID : SA11AI.80168</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="35.00"/>
Name of Employer SELF EMPLOYED	Occupation ENTREPRENEUR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 139 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS ROSANNE SEDER 530**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W130N6239 RIVER DR  
 City MENOMONEE FALLS State WI Zip Code 53051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.80187**  
 Amount of Each Receipt this Period  
 300.00

**B. MR JAMES SENTZ 550**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 56 W GOLDEN LAKE RD  
 City CIRCLE PINES State MN Zip Code 55014  
 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 Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.80197**  
 Amount of Each Receipt this Period  
 250.00

**C. RICHARD SERAPHIN 077**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 FARM LN  
 City EATONTOWN State NJ Zip Code 07724  
 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 Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.80198**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 380.00  
**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 140 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS VIRGINIA C SEVERNS 626**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1547 E MYRTLE ST  
 City MASON CITY State IL Zip Code 62664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80208**  
 Amount of Each Receipt this Period  
 100.00

**B. COL H KENNETH SEYMOUR 344**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 N ANNAPOLIS AVE  
 City HERNANDO State FL Zip Code 34442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.80210**  
 Amount of Each Receipt this Period  
 20.00

**C. MR BILLY J SHELLENBERGER 675**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 S BELL AVE APT 402  
 City LYONS State KS Zip Code 67554  
 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 ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.80221**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. COL NICHOLAS SHEPPARD 105</b>		Date of Receipt
Mailing Address 9 CHATHAM RD		M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2015
City	State	Zip Code
CHAPPAQUA	NY	10514
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.80224</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	300.00	

Full Name (Last, First, Middle Initial) <b>B. MR PETER R SHERMAN 140</b>		Date of Receipt
Mailing Address 4999 CREEK ROAD EXT		M M M / D D D / Y Y Y Y Y Y 08 / 21 / 2015
City	State	Zip Code
LEWISTON	NY	14092
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.80225</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		50.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	400.00	

Full Name (Last, First, Middle Initial) <b>C. MR JACKIE SIKES 329</b>		Date of Receipt
Mailing Address 420 S BANANA RIVER BLVD		M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2015
City	State	Zip Code
COCOA BEACH	FL	32931
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.80243</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		60.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	640.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JACKIE SIKES 329**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 S BANANA RIVER BLVD

City COCOA BEACH	State FL	Zip Code 32931
---------------------	-------------	-------------------

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 ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2015

**Transaction ID : SA11AI.80244**

Amount of Each Receipt this Period  
35.00

**B. MR JACKIE SIKES 329**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 S BANANA RIVER BLVD

City COCOA BEACH	State FL	Zip Code 32931
---------------------	-------------	-------------------

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 ▼  
735.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

**Transaction ID : SA11AI.80245**

Amount of Each Receipt this Period  
60.00

**C. WILLIAM J SIMPSON 152**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 ORDALE BLVD

City PITTSBURGH	State PA	Zip Code 15228
--------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY & CPA
-----------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : SA11AI.80251**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<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 143 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MISS JOAN SINEX 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 PAUL SWEET RD UNIT C  
 City SANTA CRUZ State CA Zip Code 95065  
 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 ▼ 506.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80256**  
 Amount of Each Receipt this Period  
 80.00

**B. MISS JOAN SINEX 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 PAUL SWEET RD UNIT C  
 City SANTA CRUZ State CA Zip Code 95065  
 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 ▼ 541.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11AI.80255**  
 Amount of Each Receipt this Period  
 35.00

**C. JACK SMITH 653**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 177 BOUNDARY LN  
 City OTTERVILLE State MO Zip Code 65348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FARMER Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.80308**  
 Amount of Each Receipt this Period  
 200.00

**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 144 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. JACK SMITH 653**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 177 BOUNDARY LN  
 City OTTERVILLE State MO Zip Code 65348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FARMER Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80307**  
 Amount of Each Receipt this Period  
 50.00

**B. JACK SMITH 653**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 177 BOUNDARY LN  
 City OTTERVILLE State MO Zip Code 65348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FARMER Occupation SELF EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt  
 08 / 28 / 2015  
**Transaction ID : SA11AI.80306**  
 Amount of Each Receipt this Period  
 100.00

**C. MR JOHN SMITH 840**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 N 200 W  
 City ROOSEVELT State UT Zip Code 84066  
 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 / 03 / 2015  
**Transaction ID : SA11AI.80318**  
 Amount of Each Receipt this Period  
 500.00

**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 145 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JOHN SMITH 840**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 N 200 W  
 City ROOSEVELT State UT Zip Code 84066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80319**  
 Amount of Each Receipt this Period  
 250.00

**B. MR JOHN SMITH 840**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 N 200 W  
 City ROOSEVELT State UT Zip Code 84066  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : SA11AI.80317**  
 Amount of Each Receipt this Period  
 100.00

**C. LARRY SMITH 959**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6428 ROCKY LN  
 City PARADISE State CA Zip Code 95969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.80325**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	388.00
<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 146 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR GENE SPEAR 660**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 S CHURCH TER  
 City OLATHE State KS Zip Code 66061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2015  
**Transaction ID : SA11AI.80358**  
 Amount of Each Receipt this Period  
 23.00

**B. MR GENE SPEAR 660**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 S CHURCH TER  
 City OLATHE State KS Zip Code 66061  
 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 ▼ 237.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.80357**  
 Amount of Each Receipt this Period  
 20.00

**C. MR GENE SPEAR 660**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 714 S CHURCH TER  
 City OLATHE State KS Zip Code 66061  
 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 ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.80359**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00  
**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 147 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. ROBERT G STEINER 919**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 514  
 City CHULA VISTA State CA Zip Code 91912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : SA11AI.80412**  
 Amount of Each Receipt this Period  
 100.00

**B. ROBERT G STEINER 919**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 514  
 City CHULA VISTA State CA Zip Code 91912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80413**  
 Amount of Each Receipt this Period  
 50.00

**C. MAURICE STEMPNITZKY 802**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3765 W EASTMAN AVE  
 City DENVER State CO Zip Code 80236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer QWEST COMMUNICATIONS INTL INC Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : SA11AI.80421**  
 Amount of Each Receipt this Period  
 50.00

**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: (check only one)	PAGE 148 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JAMES E STEPHENS 625**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 W MARION AVE

City FORSYTH	State IL	Zip Code 62535
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.80422**

Amount of Each Receipt this Period  
 30.00

**B. MR JAMES E STEPHENS 625**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 W MARION AVE

City FORSYTH	State IL	Zip Code 62535
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : SA11AI.80424**

Amount of Each Receipt this Period  
 35.00

**C. MR JAMES E STEPHENS 625**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 W MARION AVE

City FORSYTH	State IL	Zip Code 62535
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : SA11AI.80425**

Amount of Each Receipt this Period  
 35.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JAMES E STEPHENS 625**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 750 W MARION AVE  
 City FORSYTH State IL Zip Code 62535  
 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 ▼ 315.00

Date of Receipt  
 08 / 28 / 2015  
**Transaction ID : SA11AI.80423**  
 Amount of Each Receipt this Period  
 25.00

**B. MRS RUTH E STEVENS 950**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23350 SERENO CT UNIT V29  
 City CUPERTINO State CA Zip Code 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 08 / 17 / 2015  
**Transaction ID : SA11AI.80433**  
 Amount of Each Receipt this Period  
 15.00

**C. MR ROBERT STEVENSON 912**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 N BRAND BLVD STE 200  
 City GLENDALE State CA Zip Code 91202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STEVENSON REAL ESTATE Occupation REALTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 08 / 06 / 2015  
**Transaction ID : SA11AI.80434**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<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 150 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. ESTELLE STIMEL 720**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1435 BLUSTERY WAY  
 City CONWAY State AR Zip Code 72034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80446**  
 Amount of Each Receipt this Period  
 35.00

**B. MS SHARON STOREY 921**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 FRONT ST UNIT 1401  
 City SAN DIEGO State CA Zip Code 92101  
 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 ▼ 243.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80460**  
 Amount of Each Receipt this Period  
 57.00

**C. CHRISTINE STRUMBOS 483**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 257 PINE RIDGE DR  
 City BLOOMFIELD State MI Zip Code 48304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA11AI.80484**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE STRUMBOS 483</b>		Date of Receipt
Mailing Address 257 PINE RIDGE DR		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
BLOOMFIELD	MI	48304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	
		Transaction ID : SA11AI.80482
		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE STRUMBOS 483</b>		Date of Receipt
Mailing Address 257 PINE RIDGE DR		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
BLOOMFIELD	MI	48304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="265.00"/>	
		Transaction ID : SA11AI.80485
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT W SUDBRINK 333</b>		Date of Receipt
Mailing Address 3100 NE 47TH CT APT 403		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
FT LAUDERDALE	FL	33308
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SUDBRINK BROADCASTING INC	DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="205.00"/>	
		Transaction ID : SA11AI.80494
		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROBERT W SUDBRINK 333**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 NE 47TH CT APT 403  
 City FT LAUDERDALE State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUDBRINK BROADCASTING INC Occupation DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 28 / 2015  
**Transaction ID : SA11AI.80498**  
 Amount of Each Receipt this Period 35.00

**B. MR STEVE S SZABO 549**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 KIRKWOOD DR  
 City OSHKOSH State WI Zip Code 54904  
 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 / 31 / 2015  
**Transaction ID : SA11AI.80539**  
 Amount of Each Receipt this Period 35.00

**C. MR STANLEY TATE 331**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9999 COLLINS AVE  
 City BAL HARBOUR State FL Zip Code 33154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STANLEY TATE BUILDERS INC Occupation OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.80564**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**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 153 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR RUSSELL TAYLOR 847**  
Full Name (Last, First, Middle Initial)

Mailing Address 2363 SOUTHGATE HILLS DR

City SAINT GEORGE	State UT	Zip Code 84770
----------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2015

**Transaction ID : SA11AI.80568**

Amount of Each Receipt this Period  
35.00

**B. MR RUSSELL TAYLOR 847**  
Full Name (Last, First, Middle Initial)

Mailing Address 2363 SOUTHGATE HILLS DR

City SAINT GEORGE	State UT	Zip Code 84770
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

**Transaction ID : SA11AI.80569**

Amount of Each Receipt this Period  
35.00

**C. MRS LORRAINE THALER 309**  
Full Name (Last, First, Middle Initial)

Mailing Address 2074 HILLSINGER RD

City AUGUSTA	State GA	Zip Code 30904
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
217.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

**Transaction ID : SA11AI.80584**

Amount of Each Receipt this Period  
45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<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 154 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MS JEANNETTE L THERRIAULT 997</b>			Date of Receipt
Mailing Address 2473 OLD RICHARDSON HWY			<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.80592</b>
NORTH POLE	AK	99705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="35.00"/>
Name of Employer	Occupation		
HECTORS WELDING	OFFICE WORK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="435.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MS JEANNETTE L THERRIAULT 997</b>			Date of Receipt
Mailing Address 2473 OLD RICHARDSON HWY			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.80590</b>
NORTH POLE	AK	99705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="35.00"/>
Name of Employer	Occupation		
HECTORS WELDING	OFFICE WORK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="470.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MS JEANNETTE L THERRIAULT 997</b>			Date of Receipt
Mailing Address 2473 OLD RICHARDSON HWY			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.80591</b>
NORTH POLE	AK	99705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
HECTORS WELDING	OFFICE WORK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 155 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS KETURAH THUNDER-HAAB 481</b>		Date of Receipt
Mailing Address 436 PINE BRAE ST		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
ANN ARBOR	MI	48105
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.80616</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1104.00"/>	<input type="text" value="106.00"/>

Full Name (Last, First, Middle Initial) <b>B. MS TERESA TING 945</b>		Date of Receipt
Mailing Address 2860 COUNTRY DR		<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>
City	State	Zip Code
FREMONT	CA	94536
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.80628</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	<input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) <b>C. MS TERESA TING 945</b>		Date of Receipt
Mailing Address 2860 COUNTRY DR		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
FREMONT	CA	94536
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.80629</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="395.00"/>	<input type="text" value="65.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="211.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. SHIRLEY TLUCHAK 233</b>		Date of Receipt
Mailing Address 952 SHILLELAGH RD		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHESAPEAKE	VA	23323
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="394.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>

Full Name (Last, First, Middle Initial) <b>B. SHIRLEY TLUCHAK 233</b>		Date of Receipt
Mailing Address 952 SHILLELAGH RD		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
CHESAPEAKE	VA	23323
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="419.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>

Full Name (Last, First, Middle Initial) <b>C. ALICE V TOBLER 563</b>		Date of Receipt
Mailing Address 100 7TH ST S		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
SAUK CENTRE	MN	56378
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="223.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="53.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="113.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 157 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR OTTO J TOEVS 910**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5336 MARSHBURN AVE  
 City ARCADIA State CA Zip Code 91006  
 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 ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.80646**  
 Amount of Each Receipt this Period  
 30.00

**B. MR OTTO J TOEVS 910**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5336 MARSHBURN AVE  
 City ARCADIA State CA Zip Code 91006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2015  
**Transaction ID : SA11AI.80645**  
 Amount of Each Receipt this Period  
 25.00

**C. MR RAY-KENT TROUTMAN 761**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6337 KLAMATH RD  
 City FORT WORTH State TX Zip Code 76116  
 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 Y  
 08 / 11 / 2015  
**Transaction ID : SA11AI.80678**  
 Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 280.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 158 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS CHARLOTTE TUCCIO 078**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 PARK AVE APT C6  
 City WASHINGTON State NJ Zip Code 07882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80685**  
 Amount of Each Receipt this Period  
 20.00

**B. MRS CHARLOTTE TUCCIO 078**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 PARK AVE APT C6  
 City WASHINGTON State NJ Zip Code 07882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80686**  
 Amount of Each Receipt this Period  
 20.00

**C. MRS CHARLOTTE TUCCIO 078**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 66 PARK AVE APT C6  
 City WASHINGTON State NJ Zip Code 07882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80687**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 159 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ERVIN H UNVERT 900**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 DISTRICT BLVD  
 City LOS ANGELES State CA Zip Code 90058  
 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 / 17 / 2015  
**Transaction ID : SA11AI.80712**  
 Amount of Each Receipt this Period 50.00

**B. MR CALVIN K UPP 671**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 E ELM ST  
 City WELLINGTON State KS Zip Code 67152  
 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 ▼ 501.00

Date of Receipt 08 / 03 / 2015  
**Transaction ID : SA11AI.80715**  
 Amount of Each Receipt this Period 100.00

**C. MR CALVIN K UPP 671**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 E ELM ST  
 City WELLINGTON State KS Zip Code 67152  
 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 ▼ 551.00

Date of Receipt 08 / 13 / 2015  
**Transaction ID : SA11AI.80716**  
 Amount of Each Receipt this Period 50.00

**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: (check only one)	PAGE 160 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR CALVIN K UPP 671**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 E ELM ST  
 City Wellington State KS Zip Code 67152  
 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 ▼ 601.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.80717**  
 Amount of Each Receipt this Period 50.00

**B. ROBERT R VALLEE 132**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 623 STOLP AVE  
 City SYRACUSE State NY Zip Code 13207  
 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 08 / 28 / 2015  
**Transaction ID : SA11AI.80723**  
 Amount of Each Receipt this Period 35.00

**C. MR DONALD VANDENBERG 360**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 737 W BROAD ST  
 City EUFAULA State AL Zip Code 36027  
 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 ▼ 435.00

Date of Receipt 08 / 07 / 2015  
**Transaction ID : SA11AI.80736**  
 Amount of Each Receipt this Period 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<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 161 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR DONALD VANDENBERG 360**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 737 W BROAD ST  
 City EUFAULA State AL Zip Code 36027  
 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 ▼ 585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80737**  
 Amount of Each Receipt this Period  
 150.00

**B. DR W HUNTER VAUGHAN 439**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2396 ALEXANDER MNR W  
 City STEUBENVILLE State OH Zip Code 43952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation RADIOLOGIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.80745**  
 Amount of Each Receipt this Period  
 100.00

**C. MRS ELIZABETH R WADE 931**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5364 CALLE REAL APT D  
 City SANTA BARBARA State CA Zip Code 93111  
 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 ▼ 406.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80793**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 162 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MRS ELIZABETH R WADE 931**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5364 CALLE REAL APT D  
 City SANTA BARBARA State CA Zip Code 93111  
 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 ▼ 456.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015  
**Transaction ID : SA11AI.80792**  
 Amount of Each Receipt this Period  
 50.00

**B. MR ROBERT L WALDEN 647**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 NW 1144 PRIVATE RD  
 City LEETON State MO Zip Code 64761  
 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 ▼ 698.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.80810**  
 Amount of Each Receipt this Period  
 68.00

**C. MR ROBERT L WALDEN 647**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 NW 1144 PRIVATE RD  
 City LEETON State MO Zip Code 64761  
 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 ▼ 773.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 04 / 2015  
**Transaction ID : SA11AI.80811**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 193.00  
**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 163 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT L WALDEN 647</b>		Date of Receipt										
Mailing Address 34 NW 1144 PRIVATE RD		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>12</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		12		2015
M M M	/	D D D	/	Y Y Y Y Y Y								
08		12		2015								
City State Zip Code LEETON MO 64761		<b>Transaction ID : SA11AI.80813</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period										
Name of Employer Occupation NONE RETIRED		<b>100.00</b>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼										
		<b>873.00</b>										

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT L WALDEN 647</b>		Date of Receipt										
Mailing Address 34 NW 1144 PRIVATE RD		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		24		2015
M M M	/	D D D	/	Y Y Y Y Y Y								
08		24		2015								
City State Zip Code LEETON MO 64761		<b>Transaction ID : SA11AI.80815</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period										
Name of Employer Occupation NONE RETIRED		<b>70.00</b>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼										
		<b>943.00</b>										

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT L WALDEN 647</b>		Date of Receipt										
Mailing Address 34 NW 1144 PRIVATE RD		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>26</td> <td></td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	08		26		2015
M M M	/	D D D	/	Y Y Y Y Y Y								
08		26		2015								
City State Zip Code LEETON MO 64761		<b>Transaction ID : SA11AI.80814</b>										
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period										
Name of Employer Occupation NONE RETIRED		<b>75.00</b>										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼										
		<b>1018.00</b>										

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>245.00</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: (check only one)	PAGE 164 OF 197
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ROBERT L WALDEN 647**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 NW 1144 PRIVATE RD  
 City LEETON State MO Zip Code 64761  
 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 ▼ 1118.00

Date of Receipt 08 / 27 / 2015  
**Transaction ID : SA11AI.80812**  
 Amount of Each Receipt this Period 100.00

**B. MR KENNETH C WALDO 276 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 DEERFIELD RD  
 City RALEIGH State NC Zip Code 27609  
 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 ▼ 425.00

Date of Receipt 08 / 05 / 2015  
**Transaction ID : SA11AI.80817**  
 Amount of Each Receipt this Period 50.00

**C. MR KENNETH C WALDO 276 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 DEERFIELD RD  
 City RALEIGH State NC Zip Code 27609  
 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 / 25 / 2015  
**Transaction ID : SA11AI.80816**  
 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: (check only one)	PAGE 165 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MARK WALKER 410**  
Full Name (Last, First, Middle Initial)

Mailing Address 3845 AKIN LN

City BURLINGTON State KY Zip Code 41005

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

Name of Employer WALKER REMODELING CO Occupation BUSINESS OWNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.80826**

Amount of Each Receipt this Period  
 20.00

**B. MS ELLEN WALKER 648**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26

City GRANBY State MO Zip Code 64844

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 ▼ 405.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.80833**

Amount of Each Receipt this Period  
 60.00

**C. MS ELLEN WALKER 648**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 26

City GRANBY State MO Zip Code 64844

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 ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80832**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.00

**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 166 OF 197  
(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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR J D WALKER 761**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6917 BAL LAKE DR  
 City FORT WORTH State TX Zip Code 76116  
 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 ▼ 298.00

Date of Receipt  
 08 / 05 / 2015  
**Transaction ID : SA11AI.80834**  
 Amount of Each Receipt this Period  
 30.00

**B. MR J D WALKER 761**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6917 BAL LAKE DR  
 City FORT WORTH State TX Zip Code 76116  
 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 ▼ 328.00

Date of Receipt  
 08 / 17 / 2015  
**Transaction ID : SA11AI.80835**  
 Amount of Each Receipt this Period  
 30.00

**C. MR J D WALKER 761**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6917 BAL LAKE DR  
 City FORT WORTH State TX Zip Code 76116  
 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 ▼ 358.00

Date of Receipt  
 08 / 31 / 2015  
**Transaction ID : SA11AI.80836**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**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 167 OF 197
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS ANNIE WEEKS 352</b>			Date of Receipt
Mailing Address 3411 ROCK LN			<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.80913</b>
IRONDALE	AL	35210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
NONE	RETIRED		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MR JAMES W WHITCOMB 981</b>			Date of Receipt
Mailing Address 620 S 198TH ST			<input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.80977</b>
SEATTLE	WA	98148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	ENGINEERING CONSULTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MR JAMES W WHITCOMB 981</b>			Date of Receipt
Mailing Address 620 S 198TH ST			<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.80976</b>
SEATTLE	WA	98148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
SELF EMPLOYED	ENGINEERING CONSULTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. CAROLYN WHITE 476**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 S 1050 E

City OAKLAND CITY	State IN	Zip Code 47660
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.80985**

Amount of Each Receipt this Period  
100.00

**B. MR CHARLES WHITNEY 672**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3212 N CLARENCE CIR

City WICHITA	State KS	Zip Code 67204
-----------------	-------------	-------------------

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  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.80998**

Amount of Each Receipt this Period  
45.00

**C. DR WALTER WILD 967 PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-473 KALANIANAOLE HWY

City WAIMANALO	State HI	Zip Code 96795
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : SA11AI.81005**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<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 169 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. DR WALTER WILD 967 PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-473 KALANIANAOLE HWY  
 City WAIMANALO State HI Zip Code 96795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2015  
**Transaction ID : SA11AI.81006**  
 Amount of Each Receipt this Period  
 100.00

**B. MR HENRY WILLARD 254**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 3269  
 City SHEPHERDSTOWN State WV Zip Code 25443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : SA11AI.81012**  
 Amount of Each Receipt this Period  
 250.00

**C. MRS ROSALIE J WILLIAMSON 329**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 36TH LN  
 City VERO BEACH State FL Zip Code 32966  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation BUSINESSWOMAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2015  
**Transaction ID : SA11AI.81030**  
 Amount of Each Receipt this Period  
 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 395.00  
**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 170 OF 197 (check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ARTHUR E WINDEN 782**  
Full Name (Last, First, Middle Initial)

Mailing Address 11503 SAYANORA CT

City SAN ANTONIO	State TX	Zip Code 78216
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11AI.81052**

Amount of Each Receipt this Period  
50.00

**B. MR DONALD WINTER 402**  
Full Name (Last, First, Middle Initial)

Mailing Address 7712 APPLE MILL PL

City LOUISVILLE	State KY	Zip Code 40228
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2015

**Transaction ID : SA11AI.81056**

Amount of Each Receipt this Period  
200.00

**C. MS GISELA WOIWODE-DALES 296**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 GARY AVE

City TAYLORS	State SC	Zip Code 29687
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2015

**Transaction ID : SA11AI.81062**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 197
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MS GISELA WOIWODE-DALES 296</b>		Date of Receipt
Mailing Address 8 GARY AVE		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City TAYLORS	State SC	Zip Code 29687
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.81063</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MRS B ANN WOODALL 156</b>		Date of Receipt
Mailing Address PO BOX 216		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City LAUGHLINTOWN	State PA	Zip Code 15655
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.81080</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MRS B ANN WOODALL 156</b>		Date of Receipt
Mailing Address PO BOX 216		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City LAUGHLINTOWN	State PA	Zip Code 15655
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.81081</b>
Name of Employer NONE		Amount of Each Receipt this Period
Occupation RETIRED		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 OF 197 (check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ELSON K WRIDE 805**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1016 W 32ND ST  
 City LOVELAND State CO Zip Code 80538  
 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 ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : SA11AI.81106**  
 Amount of Each Receipt this Period  
 55.00

**B. ROBIN YARBOROUGH 773**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 VICTORIA DR W  
 City MONTGOMERY State TX Zip Code 77356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015  
**Transaction ID : SA11AI.81129**  
 Amount of Each Receipt this Period  
 100.00

**C. MS BONNIE J YOUNG 945**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 485 JUANA AVE  
 City SAN LEANDRO State CA Zip Code 94577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2015  
**Transaction ID : SA11AI.81146**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<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 173 OF 197  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR ARTHUR ZELLMER 991**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 325  
 City DAVENPORT State WA Zip Code 99122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation FARMER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2015  
**Transaction ID : SA11AI.81157**  
 Amount of Each Receipt this Period  
 50.00

**B. MR JOHN ZIEGLER 173**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 GRACE TER  
 City NEW OXFORD State PA Zip Code 17350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation AUTHOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11AI.81159**  
 Amount of Each Receipt this Period  
 300.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	47601.50

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

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

FOR LINE NUMBER: PAGE 174 OF 197  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

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

Mailing Address 504 SHAW RD  
SUITE 504

City State Zip Code  
STERLING VA 20166

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2457.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015  
**Transaction ID : SA15.75951**

Amount of Each Receipt this Period  
 13.00

REFUND

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13.00
<b>TOTAL</b> This Period (last page this line number only).....▶	13.00

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. BOB BARR**

Mailing Address 3101 TOWERCREEK PKWY  
SUITE 150

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement  
REIMBURSED AIR TRAVEL

002

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

**Transaction ID : SB21B.75950**

Amount of Each Disbursement this Period

1759.20

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
BRE POSTAGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2015

**Transaction ID : SB21B.75917**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
BRE POSTAGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2015

**Transaction ID : SB21B.75918**

Amount of Each Disbursement this Period

2500.00

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

6759.20

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : SB21B.75919**

Amount of Each Disbursement this Period

802.74

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
PO BOX RENEWAL

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

**Transaction ID : SB21B.75920**

Amount of Each Disbursement this Period

749.00

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
PO BOX RENEWAL

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2015

**Transaction ID : SB21B.75921**

Amount of Each Disbursement this Period

749.00

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

2300.74

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
PO BOX RENEWAL

Category/  
Type

Candidate Name  
**VIGOP**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.75922**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

Category/  
Type

Candidate Name  
**VIGOP**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.75923**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

Category/  
Type

Candidate Name  
**VIGOP**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB21B.75924**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

Candidate Name  
**VIGOP**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : SB21B.75925**

Amount of Each Disbursement this Period  
523.53

Category/Type  
003

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

Candidate Name  
**VIGOP**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : SB21B.75926**

Amount of Each Disbursement this Period  
23121.86

Category/Type  
003

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

Candidate Name  
**VIGOP**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.75927**

Amount of Each Disbursement this Period  
5387.45

Category/Type  
003

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 29032.84

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

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

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

FOR LINE NUMBER:  
(check only one)

<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

Transaction ID : **SB21B.75928**

Amount of Each Disbursement this Period

4780.43

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75897**

Amount of Each Disbursement this Period

61.31

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75901**

Amount of Each Disbursement this Period

1184.49

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

6026.23

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75902**

Amount of Each Disbursement this Period

989.13

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

Transaction ID : **SB21B.75898**

Amount of Each Disbursement this Period

7251.35

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

Transaction ID : **SB21B.75899**

Amount of Each Disbursement this Period

2603.57

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

10844.05

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.75900**

Amount of Each Disbursement this Period

2757.02

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.75903**

Amount of Each Disbursement this Period

1244.92

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
DONOR FILE ENHANCEMENT

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : SB21B.75929**

Amount of Each Disbursement this Period

289.54

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

4291.48

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DONOR BUREAU**

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
DONOR FILE ENHANCEMENT

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75930**

Amount of Each Disbursement this Period

348.35

Full Name (Last, First, Middle Initial)

**B. DONOR BUREAU**

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
DONOR FILE ENHANCEMENT

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75931**

Amount of Each Disbursement this Period

1173.13

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
DONOR FILE ENHANCEMENT

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

Transaction ID : **SB21B.75932**

Amount of Each Disbursement this Period

291.16

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

1812.64

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : SB21B.75904**

Amount of Each Disbursement this Period

67.23

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : SB21B.75905**

Amount of Each Disbursement this Period

14.25

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

**Transaction ID : SB21B.75906**

Amount of Each Disbursement this Period

123.07

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

204.55

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

**Transaction ID : SB21B.75907**

Amount of Each Disbursement this Period

77.02
-------

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2015

**Transaction ID : SB21B.75908**

Amount of Each Disbursement this Period

9.92
------

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

**Transaction ID : SB21B.75909**

Amount of Each Disbursement this Period

53.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

139.94
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**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

**Transaction ID : SB21B.75910**

Amount of Each Disbursement this Period

26.75

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

**Transaction ID : SB21B.75911**

Amount of Each Disbursement this Period

67.00

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2015

**Transaction ID : SB21B.75912**

Amount of Each Disbursement this Period

55.50

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

149.25

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

**Transaction ID : SB21B.75913**

Amount of Each Disbursement this Period

285.08

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

**Transaction ID : SB21B.75914**

Amount of Each Disbursement this Period

49.26

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

**Transaction ID : SB21B.75915**

Amount of Each Disbursement this Period

296.80

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

631.14

**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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
TRANSFIRST BILLING FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2015

Transaction ID : **SB21B.75916**

Amount of Each Disbursement this Period

240.46

Full Name (Last, First, Middle Initial)

**B. FORTH RIGHT STRATEGIES INC**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75933**

Amount of Each Disbursement this Period

4546.35

Full Name (Last, First, Middle Initial)

**C. FORTH RIGHT STRATEGIES INC**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75934**

Amount of Each Disbursement this Period

1023.79

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

5810.60

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FORTH RIGHT STRATEGIES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.75935**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

6487.72
---------

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003
Category/ Type

Candidate Name  
**VIGOP**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**B. FORTH RIGHT STRATEGIES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.75936**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

2305.07
---------

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003
Category/ Type

Candidate Name  
**VIGOP**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**C. FORTH RIGHT STRATEGIES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.75937**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

1412.40
---------

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003
Category/ Type

Candidate Name  
**VIGOP**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

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

10205.19
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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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 8421 HILLTOP RD

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75938**

Amount of Each Disbursement this Period

3397.82

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT CORP**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75939**

Amount of Each Disbursement this Period

4550.73

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT CORP**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75940**

Amount of Each Disbursement this Period

3490.90

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

11439.45

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LEGACY LIST MANAGEMENT CORP**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75941**

Amount of Each Disbursement this Period

374.55

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT CORP**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75942**

Amount of Each Disbursement this Period

199.90

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
#806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

Transaction ID : **SB21B.75943**

Amount of Each Disbursement this Period

495.00

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

1069.45

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
#806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.75944**

Amount of Each Disbursement this Period

984.20

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
#806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2015

**Transaction ID : SB21B.75945**

Amount of Each Disbursement this Period

765.00

Full Name (Last, First, Middle Initial)

**C. RHA MARKETING**

Mailing Address 1272 CORPORATE PARK RD

City FOREST State VA Zip Code 24551

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2015

**Transaction ID : SB21B.75946**

Amount of Each Disbursement this Period

3003.16

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

4752.36

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW SERVICES LLC**

Mailing Address 29\*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 13 / 2015

**Transaction ID : SB21B.75947**

Amount of Each Disbursement this Period

263.74

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW SERVICES LLC**

Mailing Address 29\*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2015

**Transaction ID : SB21B.75948**

Amount of Each Disbursement this Period

301.91

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

565.65

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

106782.84

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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

### A. SEJAH FARMS

Mailing Address

City State Zip Code  
CHRISTIANSTED VI 00821

Purpose of Disbursement  
FARM AID / DROUGHT RELIEF

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB29.75953

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 194 OF 197
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CAPITOL CAGING LLC</b>	Nature of Debt (Purpose): CAGING SERVICES
Mailing Address 504 SHAW RD SUITE 504	
City State Zip Code STERLING VA 20166	

Outstanding Balance Beginning This Period 4054.52	<b>Transaction ID : SD10.55707</b>	
Amount Incurred This Period 7930.12	Payment This Period 9096.43	Outstanding Balance at Close of This Period 2888.21

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

Outstanding Balance Beginning This Period 3387.60	<b>Transaction ID : SD10.72737</b>	
Amount Incurred This Period 841.97	Payment This Period 0.00	Outstanding Balance at Close of This Period 4229.57

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

Outstanding Balance Beginning This Period 119429.21	<b>Transaction ID : SD10.7792</b>	
Amount Incurred This Period 4757.45	Payment This Period 42765.66	Outstanding Balance at Close of This Period 81421.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	88538.78
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 195 OF 197
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DONOR BUREAU</b>	Nature of Debt (Purpose): LIST ENHANCEMENT SERVICES
Mailing Address 1900 N CULPEPPER ST	
City State Zip Code ARLINGTON VA 22207	

Outstanding Balance Beginning This Period 4386.82	<b>Transaction ID : SD10.7798</b>	
Amount Incurred This Period 857.56	Payment This Period 2102.18	Outstanding Balance at Close of This Period 3142.20

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

Outstanding Balance Beginning This Period 48491.83	<b>Transaction ID : SD10.7789</b>	
Amount Incurred This Period 0.00	Payment This Period 15775.33	Outstanding Balance at Close of This Period 32716.50

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

Outstanding Balance Beginning This Period 11179.96	<b>Transaction ID : SD10.37645</b>	
Amount Incurred This Period 0.00	Payment This Period 3397.82	Outstanding Balance at Close of This Period 7782.14

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	43640.84
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 196 OF 197
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

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

Outstanding Balance Beginning This Period <input type="text" value="21213.99"/>	<b>Transaction ID : SD10.15277</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="8616.08"/>	Outstanding Balance at Close of This Period <input type="text" value="12597.91"/>

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

Outstanding Balance Beginning This Period <input type="text" value="14295.20"/>	<b>Transaction ID : SD10.7794</b>	
Amount Incurred This Period <input type="text" value="1168.40"/>	Payment This Period <input type="text" value="2244.20"/>	Outstanding Balance at Close of This Period <input type="text" value="13219.40"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MDI IMAGING &amp; MAIL</b>	Nature of Debt (Purpose): VIGOP DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 21721-A FILIGREE CT	
City State Zip Code ASHBURN VA 20147	

Outstanding Balance Beginning This Period <input type="text" value="2036.72"/>	<b>Transaction ID : SD10.72743</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2036.72"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="27854.03"/>
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 197 OF 197
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>RHA MARKETING</b>	Nature of Debt (Purpose): VIGOP DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 1272 CORPORATE PARK RD	
City State Zip Code FOREST VA 24551	

Outstanding Balance Beginning This Period <input type="text" value="6553.32"/>	<b>Transaction ID : SD10.58658</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3003.16"/>	Outstanding Balance at Close of This Period <input type="text" value="3550.16"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SIMPKINS ESCROW SERVICES LLC</b>	Nature of Debt (Purpose): VIGOP ESCROW SERVICES
Mailing Address 29*243 ST JUST DR	
City State Zip Code UNIONVILLE VA 22567	

Outstanding Balance Beginning This Period <input type="text" value="3485.82"/>	<b>Transaction ID : SD10.58642</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="565.65"/>	Outstanding Balance at Close of This Period <input type="text" value="2920.17"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="6470.33"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="166503.98"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="166503.98"/>