04/14/2014 21 : 24

Image# 14960681831

#### REPORT OF RECEIPTS AND DISBURSEMENTS FOR A COMMITTEE OR ORGANIZATION SUPPORTING A NOMINATING CONVENTION (Summary Page)

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	(Summary Page)			
1.	(a) Name of Committee (in full) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTIO		2. FEC Identification Nu C00485110	ımber
_	(b) Address (Number and Street)	3	B. Type of Committee/O	
	310 FIRST STREET SE		Convention Co	
	(c) City, State and ZIP Code		Other	
_	WASHINGTON DC 20003			(specify)
4.	TYPE OF REPORT (Check appropriate box(es)):			
	(a) POST CONVENTION REPORT			
	X QUARTERLY REPORT (check one) X April 15	July 15	October	15 January 31
	FINAL REPORT			
	(b) Is this an Amendment? YES X NO			
	SUMMARY OF RECEIPTS AND DISBUF	RSEMEN	TS	
5.	Covering Period FROM: 01/01/2014 THROUGH: 03/31/2014			
	SECTION A — CASH BALANCE SUMMARY		Column A This Period	Column B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014			738983.85
	(b) Cash on Hand at Beginning of Reporting Period		738983.85	
_	(b) Cash on Hard at Deginning of Hepotting Feriod		105.01	105.01
	(c) Total Receipts (From Line 20)		195.01	195.01
	(d) Subtotal (Add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		739178.86	739178.86
7.	Total Disbursements (From Line 25)		27048.12	27048.12
8.	Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))		712130.74	712130.74
	Debts and Obligations Owed TO the Committee		4182.08	
	(Itemize all on Schedule C or Schedule D)		4102.00	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)		0.00	
_	(Iterrize all on Scredule C of Scredule D)			
	SECTION B — SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS			
11	Convention Expenditures (From Line 21(c))		27048.12	27048.12
12	Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))		195.01	195.01
	(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)		26853.11	26853.11
	(b) Expenditures from Prior Years Subject to Limitation		17509316.15	17509316.15
	(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))			17536169.26
_		1 1	-11-6-11-1	
10	certify that I have examined this report, and to the best of my knowledge	e and be	ellet it is true, corre	ect and complete.
	Anthony Parker [Electro	onically F	"iled] 04/1	14/2014
				<u> </u>

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

For Further Information Contact:

Federal Election Commission Toll Free 800/424-9530 Local 202/694-1100

FE1AN056

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS (Page 2 of FEC Form 4)

Name of Committee (in Full) Report Covering the Period: COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN FROM: TO: 01/01/2014 03/31/2014 NATIONAL CONVENTION Column A Column B **RECEIPTS** This Period Calendar Year-to-Date 0.00 0.00 13. Federal Funds (Itemize all on Schedule A) 14. Contributions to Defray Convention Expenses: 0.00 (a) Itemized (Use Schedule A) 0.00 (b) Unitemized (c) Subtotal of Contributions to Defray Convention Expenses 0.00 0.00 (Add Lines 14(a) and 14(b)) 0.00 0.00 15. Transfers from Affiliated Committees 16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b)) 0.00 (a) Loans Received (b) Loan Repayments Received 0.00 (c) Subtotal of Loans and Loan Repayments Received (Add Lines 14a and 14b) 0.00 0.00 17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures: (a) Itemized (Use Schedule A) 0.00 (b) Unitemized 195.01 (c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention 195.01 195.01 Expenditures (Add Lines 17(a) and 17(b)) 18. Other Refunds, Rebates, Returns of Deposits: 0.00 (a) Itemized Other Refunds, Rebates, Returns of Deposits 0.00 (b) Unitemized Other Refunds, Rebates, Returns of Deposits (c) Subtotal of Other Refunds, Rebates, Returns of Deposits 0.00 0.00 (Add Lines 18(a) and 18(b)) 19. Other Income: (a) Itemized (Use Schedule A) 0.00 0.00 (b) Unitemized (c) Subtotal of Other Income (Add Lines 19(a) and 19(b)) 0.00 0.00 195.01 195.01 20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c)) **DISBURSEMENTS** 21. Convention Expenditures: (a) Itemized (Use Schedule B) 26924.13 123.99 (b) Unitemized 27048.12 (c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b)) 27048.12 0.00 0.00 22. Transfers to Affiliated Committees 23. Loans and Loan Repayments Made: (a) Loans Made 0.00 0.00 (b) Loan Repayments Made (c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a)and 23(b)) 0.00 0.00 24. Other Disbursements: (a) Itemized (Use Schedule B) 0.00 (b) Unitemized 0.00 (c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b)) 0.00 0.00 27048.12 27048.12 25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))

Use separate schedule(s) for each category of the FOR LINE NUMBER: (check only one) PAGE 3 OF

IEMIZED DISBURSEMENTS	Detailed Summary Pa		X 21a	22		3a	7 23b		24a
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			by any perso	n for the p	ourpos	e of s	oliciting		tributions
NAME OF COMMITTEE (In Full)									
COMMITTEE ON ARRANGEMEN	TS FOR THE 20	)12 R	EPUBLIC	CAN N	ATIC	ANC	L CO	ΝV	ENTION
Full Name (Last, First, Middle Initial)  A. Automatic Data Processing				Date of		ırseme		Y	YY
Mailing Address PO Box 9001006				01	J L	23			14
•	State Zip Code			Amount	of Ea	ch Dis	sbursem	ent	this Period
Louisville Purpose of Disbursement	KY 40290								981.00
Payroll Taxes				Transac	tion II	n · ep	21 / 999	24	
Candidate Name			Category/ Type	Hallsac	,tion it	D . 3D	Z1A.000	9 <del>4</del>	
Office Sought: House Disburser	nent For:	'							
Senate	Primary Gener	ral							
President  State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
3. Automatic Data Processing				Date of	Disbu	ırseme	ent		
				M = M	/ [	D I D	/ Y		YYY
Mailing Address PO Box 9001006				01	J L	24		20	14
City	State Zip Code			Λ m c · · · · ·	Of F.	oh Di		021	thia Darieri
Louisville	KY 40290			Amount	or ⊨a	ich Dis	soursem	ent	this Period
Purpose of Disbursement									116.33
Payroll Service Fees		_   _		Transa	ction II	D : SE	321A.88	85	
Candidate Name		(	Category/ Type						
Office Sought: House Disburser									
Senate   President	Primary General Gener	al							
State: District:	Caron (opoony) ¥								
Full Name (Last, First, Middle Initial)									
Automatic Data Processing				Date of		ırseme		■ Y	YY
Mailing Address PO Box 9001006				02	1 L	21		20	14
•	State Zip Code KY 40290			Amount	of Ea	ch Dis	sbursem	ent	this Period
Louisville Purpose of Disbursement	KY 40290								116.33
Payroll Service Fees				Trans	otion !	ID : C'	D24 A C2	200	
Candidate Name			Category/ Type	ıransa	iction	טו: או	B21A.88	ბზ	
Office Sought: House Disburser	nent For:								
Senate	Primary Gener	ral							
State: District:	Other (specify) ▼								
State. District.				-			_		
SUBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>	<u> </u>		_	-		1213.66
TOTAL This Period (last page this line number only)			<b>&gt;</b>						

Use separate schedule(s) (check only one) PAGE 4 OF

TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21a 22 23a 23b 24a
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full)		
	TS FOR THE 2012 REPU	IBLICAN NATIONAL CONVENTION
Full Name (Last, First, Middle Initial)  A. Automatic Data Processing		Date of Disbursement
Mailing Address PO Box 9001006		03 21 2014
	tate Zip Code	Amount of Each Disbursement this Period
Louisville Purpose of Disbursement	〈Y 40290	116.33
Payroll Service Fees  Candidate Name	Catego Type	Transaction ID : SB21A.8888
	• • • • • • • • • • • • • • • • • • • •	
Full Name (Last, First, Middle Initial)  Florida Department of Revenue		Date of Disbursement
Mailing Address 1401 W US Highway 90 Ste. 100		02 24 2014
,	tate Zip Code FL 32055	Amount of Each Disbursement this Period
Purpose of Disbursement	52000	275.45
Payroll Taxes Candidate Name	Catego Type	
	ent For:  Primary General  Other (specify) ▼	
Full Name (Last, First, Middle Initial)		
Law Offices of Heather Sidwell Mor	ris, P.A.	Date of Disbursement
Mailing Address PO Box 173207		01 16 2014
	tate Zip Code FL 33672	Amount of Each Disbursement this Period
Tampa Purpose of Disbursement Legal and Compliance Services		2250.00
Candidate Name	Catego Type	
	ent For: Primary General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		2641.78
TOTAL This Period (last page this line number only).		

Use separate schedule(s) FOR LINE NUMBER: PAGE 5 OF

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	22 23a 23b 24a
Any information copied from such Reports and Stater or for commercial purposes, other than using the name		ed by any perso	
NAME OF COMMITTEE (In Full)			
COMMITTEE ON ARRANGEMEN	ITS FOR THE 2012	REPUBLI	CAN NATIONAL CONVENTION
Full Name (Last, First, Middle Initial)  A. Law Offices of Heather Sidwell Mo  Mailing Address PO Box 173207	rris, P.A.		Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement
City Tampa	State Zip Code FL 33672		Amount of Each Disbursement this Period
Purpose of Disbursement Legal and Compliance Services			7500.00  Transaction ID : SB21A.8875
Candidate Name		Category/ Type	Transaction ib . 3621A.0073
Office Sought:  Senate  President  State:  Disburser	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  B. Law Offices of Heather Sidwell Mo  Mailing Address PO Box 173207	rris, P.A.		Date of Disbursement  03
Tampa Purpose of Disbursement	State Zip Code FL 33672		Amount of Each Disbursement this Period 8462.50
Legal and Compliance Services  Candidate Name		Category/ Type	Transaction ID : SB21A.8881
Office Sought:  House Senate President  State: Disburser	ment For: Primary General Other (specify) ▼	1,500	
Full Name (Last, First, Middle Initial)  C. MAXimum Compliance, LLC			Date of Disbursement
Mailing Address 4703 Woodway Lane, NW			01 14 2014
City Sashington	State Zip Code DC 20016		Amount of Each Disbursement this Period
Purpose of Disbursement Bookkeeping & Compliance			2250.00 Transaction ID : SB21A.8869
Candidate Name		Category/ Type	Transaction iD . 3B2TA.0009
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			18212.50

Use separate schedule(s) FOR LINE NUMBER: (check only one) PAGE 6 OF

TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21a	22 23a 23b 24a		
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)					
COMMITTEE ON ARRANGEMEN	TS FOR THE 2012 I	REPUBLIC	CAN NATIONAL CONVENTION		
Washington Purpose of Disbursement Reimbursement-Meeting Expenses, Cell Phone Exp  Candidate Name  Office Sought: House Disbursem Senate President		Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
State: District:  Full Name (Last, First, Middle Initial)  3. MAXimum Compliance, LLC  Mailing Address 4703 Woodway Lane, NW			Date of Disbursement  O2 09 2014		
Washington Purpose of Disbursement Reimbursement-Cell Phone Expenses  Candidate Name  Office Sought: House Disbursem Senate	tate Zip Code 20016  DC 20016  Dent For: Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period  87.89  Transaction ID : SB21A.8874		
Full Name (Last, First, Middle Initial)  MAXimum Compliance, LLC  Mailing Address 4703 Woodway Lane, NW  City S Washington Purpose of Disbursement Bookkeeping & Compliance  Candidate Name  Office Sought: House Senate	tate Zip Code DC 20016  Dent For: Primary General Other (specify) ▼	Category/ Type	Date of Disbursement  M M / D D / 2014  Amount of Each Disbursement this Period  2250.00  Transaction ID: SB21A.8870		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	2455.73		
TOTAL This Period (last page this line number only).					

Use separate schedule(s) FOR LINE NUMBER: (check only one) PAGE 7 OF

IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21a	22 23a 23b 24a
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may not be sold or us ne and address of any politi	sed by any persocal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	COMMITTEE ON ARRANGEMEN	TS FOR THE 2012	2 REPUBLI	CAN NATIONAL CONVENTION
Α.	Full Name (Last, First, Middle Initial)  MAXimum Compliance, LLC  Mailing Address 4703 Woodway Lane, NW			Date of Disbursement  02 / 24 / 2014
	•	State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	DC 20016		150.46
	Reimbursement-Meeting Expenses, Cell Phone Exp	penses		Transaction ID : SB21A.8876
	Candidate Name		Category/ Type	
	Office Sought:  Senate  President  State:  Disburser  Disburser	ment For: Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial)  MAXimum Compliance, LLC  Mailing Address 4703 Woodway Lane, NW			Date of Disbursement  03  14  2014
		State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement	DC 20016		2250.00
	Bookkeeping & Compliance  Candidate Name		Category/ Type	Transaction ID : SB21A.8871
	Office Sought:  House Senate President  State:  Disburser	ment For: Primary General Other (specify) ▼	•	
_	Full Name (Last, First, Middle Initial)			
C.				Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
	City S	State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			
	Candidate Name		Category/ Type	
		ment For: Primary General Other (specify) ▼		
	2.551			2400 40
s	SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	2400.46
۱,	OTAL This Period (last page this line number only)		<b>&gt;</b>	26924.13

# SCHEDULE D (FEC Form 4) DEBTS AND OBLIGATIONS

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

PAGE 8 OF

FOR LINE NUMBER: (check only one)

10

**Excluding Loans** 

NAME OF COMMITTEE (In Full)

	_			
$\triangle$		2 EOD THE 2010	REPUBLICAN NATIONAL	
		<b>&gt; E()                                      </b>	REPUBLIC AND NIA LICENSIA	

A. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose): Vendor Refund			
Residence Inn by Marriott Down				
Mailing Address 101 E Tyler Street				
City State Tampa	Zip Code FL 33602			
Outstanding Balance Beginning This Period		Transaction ID : SD9.8759		
4182.08				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
0.00	0.00	4182.08		
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature of Debt (Purpose):		
Mailing Address				
City State	Zip Code			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):		
Mailing Address				
City	State Zip Code			
Outstanding Balance Beginning This Period				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period		
SUBTOTALS This Period This Page (optional)		4182.08		
TOTALS This Period (last page this line number o	nly)	4182.08		
TOTAL OUTSTANDING LOANS from Schedule C	(last page only)	0.00		
ADD 2) and 3) and carry forward to appropriate li	ne of Summary Page (last page only)	4182.08		

FEC Schedule D (Form 4) (Revised 1/01)