

Image# 14960681831

PAGE 1 / 8

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

1. (a) Name of Committee (in full) COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION	2. FEC Identification Number C00485110
(b) Address (Number and Street) 310 FIRST STREET SE	3. Type of Committee/Organization: <input checked="" type="checkbox"/> Convention Committee <input type="checkbox"/> Host Committee <input type="checkbox"/> Other _____ (specify)
(c) City, State and ZIP Code WASHINGTON DC 20003	

## 4. TYPE OF REPORT (Check appropriate box(es)):

(a) ☐ POST CONVENTION REPORT☒ QUARTERLY REPORT (check one)☒ April 15☐ July 15☐ October 15☐ January 31☐ FINAL REPORT

(b) Is this an Amendment?

☐ YES☒ NO**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

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	
(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
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C or Schedule D)	4182.08	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)	0.00	
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

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

Anthony Parker

[Electronically Filed]

04/14/2014

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

FEC FORM 4 (Revised 1/2001)

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

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

**SCHEDULE B (FEC Form 4)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 3 OF 8

☒ 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 ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION

Full Name (Last, First, Middle Initial)

**A. Automatic Data Processing**

Mailing Address PO Box 9001006

City State Zip Code  
Louisville KY 40290Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 23 2014

Amount of Each Disbursement this Period

981.00

Transaction ID : SB21A.8884

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Automatic Data Processing**

Mailing Address PO Box 9001006

City State Zip Code  
Louisville KY 40290Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 24 2014

Amount of Each Disbursement this Period

116.33

Transaction ID : SB21A.8885

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Automatic Data Processing**

Mailing Address PO Box 9001006

City State Zip Code  
Louisville KY 40290Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 21 2014

Amount of Each Disbursement this Period

116.33

Transaction ID : SB21A.8886

Category/  
Type

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

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

1213.66

**SCHEDULE B (FEC Form 4)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 4 OF 8

☒ 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 ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION**

Full Name (Last, First, Middle Initial)

**A. Automatic Data Processing**

Mailing Address PO Box 9001006

City State Zip Code  
Louisville KY 40290Purpose of Disbursement  
Payroll Service Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 21 2014

Amount of Each Disbursement this Period

116.33

Transaction ID : SB21A.8888

**B. Florida Department of Revenue**Mailing Address 1401 W US Highway 90  
Ste. 100City State Zip Code  
Lake City FL 32055Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 24 2014

Amount of Each Disbursement this Period

275.45

Transaction ID : SB21A.8877

**C. Law Offices of Heather Sidwell Morris, P.A.**

Mailing Address PO Box 173207

City State Zip Code  
Tampa FL 33672Purpose of Disbursement  
Legal and Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 16 2014

Amount of Each Disbursement this Period

2250.00

Transaction ID : SB21A.8872

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

2641.78

**SCHEDULE B (FEC Form 4)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 8

☒ 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 ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION**

Full Name (Last, First, Middle Initial)

**A. Law Offices of Heather Sidwell Morris, P.A.**

Mailing Address PO Box 173207

City State Zip Code  
Tampa FL 33672Purpose of Disbursement  
Legal and Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 09 2014

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB21A.8875

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Law Offices of Heather Sidwell Morris, P.A.**

Mailing Address PO Box 173207

City State Zip Code  
Tampa FL 33672Purpose of Disbursement  
Legal and Compliance Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 13 2014

Amount of Each Disbursement this Period

8462.50

Transaction ID : SB21A.8881

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City State Zip Code  
Washington DC 20016Purpose of Disbursement  
Bookkeeping & Compliance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 14 2014

Amount of Each Disbursement this Period

2250.00

Transaction ID : SB21A.8869

Category/  
Type**SUBTOTAL** of Disbursements This Page (optional) ..... ▶**TOTAL** This Period (last page this line number only) ..... ▶

18212.50

**SCHEDULE B (FEC Form 4)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

☒ 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 ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION**

Full Name (Last, First, Middle Initial)

**A. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City State Zip Code  
Washington DC 20016Purpose of Disbursement  
Reimbursement-Meeting Expenses, Cell Phone Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
01 16 2014

Amount of Each Disbursement this Period

117.84

Transaction ID : SB21A.8873

**B. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City State Zip Code  
Washington DC 20016Purpose of Disbursement  
Reimbursement-Cell Phone Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 09 2014

Amount of Each Disbursement this Period

87.89

Transaction ID : SB21A.8874

**C. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City State Zip Code  
Washington DC 20016Purpose of Disbursement  
Bookkeeping & Compliance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 14 2014

Amount of Each Disbursement this Period

2250.00

Transaction ID : SB21A.8870

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

2455.73

**SCHEDULE B (FEC Form 4)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

☒ 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 ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION**

Full Name (Last, First, Middle Initial)

**A. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City State Zip Code  
Washington DC 20016Purpose of Disbursement  
Reimbursement-Meeting Expenses, Cell Phone Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
02 24 2014

Amount of Each Disbursement this Period

150.46

Transaction ID : SB21A.8876

**B. MAXimum Compliance, LLC**

Mailing Address 4703 Woodway Lane, NW

City State Zip Code  
Washington DC 20016Purpose of Disbursement  
Bookkeeping & Compliance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
03 14 2014

Amount of Each Disbursement this Period

2250.00

Transaction ID : SB21A.8871

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

2400.46

26924.13

**SCHEDULE D (FEC Form 4)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 8 OF 8

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**COMMITTEE ON ARRANGEMENTS FOR THE 2012 REPUBLICAN NATIONAL CONVENTION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Residence Inn by Marriott Downtown**

Nature of Debt (Purpose):

Vendor Refund

Mailing Address 101 E Tyler Street

City State

Zip Code

Tampa

FL

33602

Outstanding Balance Beginning This Period

4182.08

Transaction ID : SD9.8759

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4182.08

B. 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

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

1) **SUBTOTALS** This Period This Page (optional) .....

4182.08

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

4182.08

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

4182.08