



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BLACK REPUBLICAN PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		23312.90
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	21875.95									
(c) Total Receipts (from Line 19) .....	35885.44	588365.51								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57761.39	611678.41								
7. Total Disbursements (from Line 31) .....	52324.05	606241.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	5437.34	5437.34								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	111818.84									

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  
BLACK REPUBLICAN PAC

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10632.48	120552.72
(ii) Unitemized .....	25252.96	467466.39
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	35885.44	588019.11
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	35885.44	588019.11
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	346.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	35885.44	588365.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	35885.44	588365.51

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	52324.05	560741.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	52324.05	560741.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	25500.00
24. Independent Expenditure (use Schedule E) .....	0.00	20000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52324.05	606241.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52324.05	606241.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	35885.44	588019.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35885.44	588019.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52324.05	560741.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	346.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	52324.05	560394.67

**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 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR TED AMSBAUGH 591

Mailing Address 1302 24TH ST W # 329

City BILLINGS State MT Zip Code 59102

FEC 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: 12 / 10 / 2010  
Transaction ID: SA11AI.107587  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
MS FUMIE BOYCE 985

Mailing Address 4532 INTELCO LOOP SE APT 354

City LACEY State WA Zip Code 98503

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 11 / 23 / 2010  
Transaction ID: SA11AI.107676  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
MR DOUGLAS BROWN 737

Mailing Address 314 E OWEN K GARRIOTT RD

City ENID State OK Zip Code 73701

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 15 / 2010  
Transaction ID: SA11AI.107695  
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: PAGE 7 / 41  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MS ELIZABETH BRYDEN 100

Mailing Address 1 W 67TH ST APT 611

City State Zip Code  
**NEW YORK NY 10023**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 21 / 2010**

**Transaction ID: SA11AI.107711**

Amount of Each Receipt this Period  
**50.00**

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT K BUERER 600

Mailing Address 1622 S PRINCETON AVE

City State Zip Code  
**ARLINGTON HEIGHTS IL 60005**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 13 / 2010**

**Transaction ID: SA11AI.107718**

Amount of Each Receipt this Period  
**25.00**

**C.**

Full Name (Last, First, Middle Initial)  
MR JAMES O BURNETT 460

Mailing Address 13812 SCOTT DR

City State Zip Code  
**CARMEL IN 46032**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 29 / 2010**

**Transaction ID: SA11AI.107725**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1506 CRESTWOOD RD

City State Zip Code  
**TOLEDO OH 43612**

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**265.00**

Date of Receipt  

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

**Transaction ID: SA11AI.107777**  
 Amount of Each Receipt this Period  

	<b>25.00</b>
--	--------------

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

Mailing Address 3716 MAPLEWOOD AVE

City State Zip Code  
**DALLAS TX 75205**

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 ▼  
**2600.00**

Date of Receipt  

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

**Transaction ID: SA11AI.107782**  
 Amount of Each Receipt this Period  

	<b>1500.00</b>
--	----------------

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN S CLEVELAND 853

Mailing Address 13602 FAIRWAY LOOP N

City State Zip Code  
**GOODYEAR AZ 85395**

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

Name of Employer Occupation  
**MANAGER**

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  

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

**Transaction ID: SA11AI.107788**  
 Amount of Each Receipt this Period  

	<b>100.00</b>
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**SUBTOTAL** of Receipts This Page (optional) ..... ► 

<b>1625.00</b>
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**TOTAL** This Period (last page this line number only) ..... ► 

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS ELEANOR COBB 900	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 3 / 2 0 1 0
	Mailing Address 131 W VISTA ST	<b>Transaction ID:</b> SA11AI.107789
	City State Zip Code LOS ANGELES CA 90036	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NONE RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS BETTY R CRAWFORD 527	Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 1 0
	Mailing Address 2505 IMPERIAL OAKS DR	<b>Transaction ID:</b> SA11AI.107815
	City State Zip Code MUSCATINE IA 52761	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation PLU MOR LANES BOWLING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOHN CRAWFORD 950	Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Mailing Address 20128 CHATEAU DR	<b>Transaction ID:</b> SA11AI.107816
	City State Zip Code SARATOGA CA 95070	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation INTEL CORP COMPUTER ARCHITECT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</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 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MR MATTHEW S DESALVO 068

Mailing Address 52 DAWN HARBOR LN

City RIVERSIDE State CT Zip Code 06878

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

Name of Employer CREDIT SUISSE Occupation EXECUTIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 29 / 2010  
**Transaction ID:** SA11AI.107857  
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 2340 E 17TH ST

City BROOKLYN State NY Zip Code 11229

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt: 11 / 23 / 2010  
**Transaction ID:** SA11AI.107909  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
MR KARL FAIRCHILD 913

Mailing Address 9207 GEYSER AVE

City NORTHRIDGE State CA Zip Code 91324

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 12 / 09 / 2010  
**Transaction ID:** SA11AI.107925  
 Amount of Each Receipt this Period: 35.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
MR KARL FAIRCHILD 913

Mailing Address 9207 GEYSER AVE

City NORTHRIDGE State CA Zip Code 91324

FEC 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: 12 / 20 / 2010  
Transaction ID: SA11AI.107924  
Amount of Each Receipt this Period: 35.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS LORRAINE A FARMER 761

Mailing Address 2213 EDEN AVE

City HALTOM CITY State TX Zip Code 76117

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 11 / 24 / 2010  
Transaction ID: SA11AI.107928  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
MS VICTORIA I FORD 322

Mailing Address 4303 FOREST PARK RD

City JACKSONVILLE State FL Zip Code 32210

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 24 / 2010  
Transaction ID: SA11AI.107945  
Amount of Each Receipt this Period: 50.00

**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 12 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) MR ROBERT GANNETT 053		Date of Receipt	
	Mailing Address 619 PLEASANT VALLEY RD		M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.107959
	BRATTLEBORO	VT	05301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		75.00	
Name of Employer NONE		Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) DARRELL GARNER 945		Date of Receipt	
	Mailing Address 605 FILBERT CT		M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.107960
	SAN RAMON	CA	94583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		25.00	
Name of Employer SELF EMPLOYED		Occupation INSURANCE AGENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MR JOHN C GILLIVAN 954, JR		Date of Receipt	
	Mailing Address 301 WHITE OAK DR APT 303		M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.107980
	SANTA ROSA	CA	95409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
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 ▼ 210.00		

<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: PAGE 13 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MR CHARLES F GORDER 921, SR  
Mailing Address 5526 TOYON RD

City State Zip Code  
SAN DIEGO CA 92115

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 1 0  
Transaction ID: SA11AI.107989  
Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR ZIGMUND GRUTZA 483  
Mailing Address 42900 W 9 MILE RD

City State Zip Code  
NOVI MI 48375

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

Name of Employer Occupation  
DIRECTOR

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0  
Transaction ID: SA11AI.108005  
Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SALLIE M HAYES 794  
Mailing Address 6102 8TH DR

City State Zip Code  
LUBBOCK TX 79416

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 1 0  
Transaction ID: SA11AI.108034  
Amount of Each Receipt this Period  
25.00

**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 14 / 41

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.**

Full Name (Last, First, Middle Initial)  
MRS ELLA M HELM 300

Mailing Address 3385 HALLMARK DR SE

City State Zip Code  
MARIETTA GA 30067

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 ▼ 675.00

Date of Receipt

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

Transaction ID: SA11AI.108038

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JOHN R HIPSKIND 469

Mailing Address 3218 SCHILLING ST

City State Zip Code  
PERU IN 46970

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

Name of Employer Occupation  
MW INDUSTRIES INC. VP SALES AND MARKETING

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

Date of Receipt

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

Transaction ID: SA11AI.108057

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
MS HELENE HOOVER 852

Mailing Address 474 E LOUIS WAY

City State Zip Code  
TEMPE AZ 85284

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.108070

Amount of Each Receipt this Period  
200.00

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

450.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
MS HELENE HOOVER 852

Mailing Address 474 E LOUIS WAY

City State Zip Code  
**TEMPE AZ 85284**

FEC 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 **12 / 17 / 2010**

**Transaction ID: SA11AI.108071**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
MR JERRY HOLTON JONES 223

Mailing Address 821 EDEN CT

City State Zip Code  
**ALEXANDRIA VA 22308**

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 ▼ **400.00**

Date of Receipt **12 / 20 / 2010**

**Transaction ID: SA11AI.108118**

Amount of Each Receipt this Period **150.00**

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

Mailing Address 13307 CAROUSEL CT

City State Zip Code  
**HOUSTON TX 77041**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 08 / 2010**

**Transaction ID: SA11AI.108128**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MR PERCIVAL R KING 217  
Mailing Address 18708 KEEDYSVILLE RD

City State Zip Code  
KEEDYSVILLE MD 21756

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 8 / 2 0 1 0  
**Transaction ID:** SA11AI.108146  
Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
MR CHARLES A KLEIN 088, III  
Mailing Address 2 IVY WAY

City State Zip Code  
DAYTON NJ 08810

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0  
**Transaction ID:** SA11AI.108156  
Amount of Each Receipt this Period  
51.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT KRAMER 342  
Mailing Address 1233 N GULFSTREAM AVE UNIT 140

City State Zip Code  
SARASOTA FL 34236

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0  
**Transaction ID:** SA11AI.108173  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **181.00**

**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 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA M LANGENDORF 134  
Mailing Address PO BOX 545

City State Zip Code  
ROME NY 13442

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

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

**Transaction ID:** SA11AI.108190  
 Amount of Each Receipt this Period  
50.00

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

City State Zip Code  
FORT WAYNE IN 46807

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

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

**Transaction ID:** SA11AI.108213  
 Amount of Each Receipt this Period  
100.00

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

City State Zip Code  
BURLESON TX 76028

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

Name of Employer Occupation  
SELF EMPLOYED RANCHER

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2950.00

Date of Receipt  

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

**Transaction ID:** SA11AI.108214  
 Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MS MARIE J LETT 760  
Mailing Address 3940 LETT LN  
City State Zip Code  
BURLESON TX 76028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation RANCHER  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3450.00  
Date of Receipt 12 / 29 / 2010  
Transaction ID: SA11AI.108215  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
DR LETTY G LUTZKER 180, MD  
Mailing Address 408 S 2ND ST  
City State Zip Code  
BANGOR PA 18013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF EMPLOYED Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 12 / 30 / 2010  
Transaction ID: SA11AI.108233  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
MS LORNA MANSFIELD 945  
Mailing Address 1954 MAGNOLIA WAY  
City State Zip Code  
WALNUT CREEK CA 94595  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 12 / 15 / 2010  
Transaction ID: SA11AI.108248  
Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 725.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 41  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR PAUL J MCGOLDRICK 035

Mailing Address 106 MAIN ST BOX 439

City State Zip Code  
**LITTLETON NH 03561**

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

Name of Employer Occupation  
SELF EMPLOYED FINANCIAL ADVISER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 14 / 2010**

**Transaction ID: SA11AI.108281**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
MR MARVIN MCKEE 351

Mailing Address 6300 PINE ST

City State Zip Code  
**PINSON AL 35126**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**12 / 15 / 2010**

**Transaction ID: SA11AI.108285**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
MS PATRICIA MOLLINO 117

Mailing Address 515 N BAY AVE

City State Zip Code  
**MASSAPEQUA NY 11758**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**11 / 23 / 2010**

**Transaction ID: SA11AI.108310**

Amount of Each Receipt this Period  
**25.00**

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT L MOORE 441  
Mailing Address 20549 BYRON RD  
City State Zip Code  
SHAKER HEIGHTS OH 44122  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 12 / 13 / 2010  
Transaction ID: SA11AI.108314  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR CONRAD OHM 565  
Mailing Address 1239 RIVERSIDE DR  
City State Zip Code  
DETROIT LAKES MN 56501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
SELF EMPLOYED ACCOUNTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 219.00  
Date of Receipt: 12 / 10 / 2010  
Transaction ID: SA11AI.108355  
Amount of Each Receipt this Period 19.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT OWEN 804  
Mailing Address 32743 UPPER BEAR CREEK RD  
City State Zip Code  
EVERGREEN CO 80439  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
NONE RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 12 / 13 / 2010  
Transaction ID: SA11AI.108368  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 169.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 21 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS NORMA PEERS 229  
Mailing Address 10323 W GORDON AVE  
City GORDONSVILLE State VA Zip Code 22942  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 233.00  
Date of Receipt 12 / 13 / 2010  
Transaction ID: SA11AI.108386  
Amount of Each Receipt this Period 57.00

**B.** Full Name (Last, First, Middle Initial)  
MR BERNARD L POPPERT 208  
Mailing Address 18600 NEW HAMPSHIRE AVE  
City ASHTON State MD Zip Code 20861  
FEC 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 12 / 08 / 2010  
Transaction ID: SA11AI.108403  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
ELAINE K PORTIER 970  
Mailing Address 15770 SW TOWHEE LN  
City BEAVERTON State OR Zip Code 97007  
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 ▼ 450.00  
Date of Receipt 12 / 15 / 2010  
Transaction ID: SA11AI.108404  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 207.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 41  
(check only one)

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

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

**A.**

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

Mailing Address 420 41ST AVE

City State Zip Code  
**SAN FRANCISCO CA 94121**

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

Name of Employer NONE Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

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

**Transaction ID: SA11AI.108415**

Amount of Each Receipt this Period  
**25.00**

**B.**

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

Mailing Address 201 W 9TH NORTH ST UNIT 157

City State Zip Code  
**SUMMERVILLE SC 29483**

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

Name of Employer SELF EMPLOYED Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **398.00**

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

**Transaction ID: SA11AI.108416**

Amount of Each Receipt this Period  
**100.00**

**C.**

Full Name (Last, First, Middle Initial)  
MR CALVIN RAMBO 956

Mailing Address 1515 FRANCES DR

City State Zip Code  
**ROSEVILLE CA 95661**

FEC 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 / D D / Y Y Y Y  
**1 2 / 3 0 / 2 0 1 0**

**Transaction ID: SA11AI.108417**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **160.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 41  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
HELEN RENSHAW 105

Mailing Address PO BOX 131

City State Zip Code  
**WACCABUC NY 10597**

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

Name of Employer  
NONE

Occupation  
NOT EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 10 / 2010

**Transaction ID: SA11AI.108435**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR JACK H ROBERTS 852

Mailing Address 2138 N NICKLAUS DR

City State Zip Code  
**MESA AZ 85215**

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

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID: SA11AI.108450**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JACK H ROBERTS 852

Mailing Address 2138 N NICKLAUS DR

City State Zip Code  
**MESA AZ 85215**

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

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2010

**Transaction ID: SA11AI.108452**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 41  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MR JACK H ROBERTS 852

Mailing Address 2138 N NICKLAUS DR

City <b>MESA</b>	State <b>AZ</b>	Zip Code <b>85215</b>
---------------------	--------------------	--------------------------

FEC 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	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	1	0

**Transaction ID:** SA11AI.108451

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
MR JACK C ROSENAU 323

Mailing Address 1177 OLD FORT DR

City <b>TALLAHASSEE</b>	State <b>FL</b>	Zip Code <b>32301</b>
----------------------------	--------------------	--------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

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

**Transaction ID:** SA11AI.108469

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR EDWIN C SANDHAM 349

Mailing Address 1964 SW SAINT ANDREWS DR

City <b>PALM CITY</b>	State <b>FL</b>	Zip Code <b>34990</b>
--------------------------	--------------------	--------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2280.00

Date of Receipt  

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

**Transaction ID:** SA11AI.108489

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>375.00</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 25 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MR STEPHEN A SANDOR 481  
Mailing Address 1717 KINGS HWY  
City LINCOLN PARK State MI Zip Code 48146  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 841.92  
Date of Receipt 12 / 14 / 2010  
Transaction ID: SA11AI.108490  
Amount of Each Receipt this Period 50.48

**B.** Full Name (Last, First, Middle Initial)  
MRS ALYCE SCHLECH 760  
Mailing Address 611 NE ALSBURY BLVD APT 524  
City BURLESON State TX Zip Code 76028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 353.00  
Date of Receipt 11 / 24 / 2010  
Transaction ID: SA11AI.108504  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ALYCE SCHLECH 760  
Mailing Address 611 NE ALSBURY BLVD APT 524  
City BURLESON State TX Zip Code 76028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NONE Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 653.00  
Date of Receipt 12 / 13 / 2010  
Transaction ID: SA11AI.108503  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 650.48  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 41  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DR PENELOPE P SCOTT 210, MD

Mailing Address 11824 FALLS RD

City State Zip Code  
**COCKEYSVILLE MD 21030**

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

Name of Employer Occupation  
SELF EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 13 / 2010**

**Transaction ID: SA11AI.108524**

Amount of Each Receipt this Period  
**200.00**

**B.**

Full Name (Last, First, Middle Initial)  
SHERYL SMART SELLAWAY 300

Mailing Address 5545 HILLGATE XING

City State Zip Code  
**ALPHARETTA GA 30005**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

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

**Transaction ID: SA11AI.108531**

Amount of Each Receipt this Period  
**50.00**

**C.**

Full Name (Last, First, Middle Initial)  
MR GARY L SINGLETERRY 070

Mailing Address 175 MEADOWBROOK DR

City State Zip Code  
**NORTH PLAINFIELD NJ 07062**

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

Name of Employer Occupation  
NONE RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**12 / 13 / 2010**

**Transaction ID: SA11AI.108559**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

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

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

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

FOR LINE NUMBER: PAGE 27 / 41

(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.**

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

Mailing Address 501 BOWEN DR

City State Zip Code  
RAYMORE MO 64083

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.108567

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS HELEN L SMITH 522

Mailing Address 5954 COUNTY ROAD X40

City State Zip Code  
ANAMOSA IA 52205

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

Name of Employer Occupation  
NONE RETIRED

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

Date of Receipt

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

Transaction ID: SA11AI.108579

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code  
ST PETERSBURG FL 33701

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

Name of Employer Occupation  
NONE RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

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

Transaction ID: SA11AI.108586

Amount of Each Receipt this Period

1000.00

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
MRS MARTHA H TURNEY 193  
Mailing Address 1361 BOOT RD #265

City State Zip Code  
WEST CHESTER PA 19380

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

Name of Employer NONE Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.00

Date of Receipt: 12 / 13 / 2010  
Transaction ID: SA11AI.108668  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
MR JOHN VALERIUS 750  
Mailing Address 1809 CANTERBURY

City State Zip Code  
IRVING TX 75062

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 24 / 2010  
Transaction ID: SA11AI.108677  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
MR LEROY WEBER 945  
Mailing Address PO BOX 355

City State Zip Code  
RIO VISTA CA 94571

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 24 / 2010  
Transaction ID: SA11AI.108710  
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: PAGE 29 / 41  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
BRYAN WRIGHT 208  
 Mailing Address 21129 GOLF ESTATES DR  
 City State Zip Code  
 GAITHERSBURG MD 20882  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 2 1 / 2 0 1 0  
**Transaction ID:** SA11AI.108761  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BLACKWOOD ONE INC EXECUTIVE  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
MISS HANNA ROSE ZIMMERMANN 805  
 Mailing Address 508 W TRILBY RD APT 203  
 City State Zip Code  
 FORT COLLINS CO 80525  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0  
**Transaction ID:** SA11AI.108776  
 Amount of Each Receipt this Period  
 150.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 338.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**  
**TOTAL** This Period (last page this line number only) ..... ► **10632.48**

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

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

FOR LINE NUMBER: (check only one)

PAGE 30 / 41

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) ADKINS EXPOSURES	Transaction ID: SB21B.107561 Date of Disbursement																			
	Mailing Address 1308 RHODE ISLAND AVE NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement WEBSITE / BLOG	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name BLACK REPUBLICAN PAC	001 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

B.	Full Name (Last, First, Middle Initial) BASE CONNECT, INC.	Transaction ID: SB21B.107552 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - CREATIVE	<table border="1"><tr><td>7521.09</td></tr></table>	7521.09																		
7521.09																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) CENTURY DATA MAILING SERVICES	Transaction ID: SB21B.107562 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - POSTAGE	<table border="1"><tr><td>12303.15</td></tr></table>	12303.15																		
12303.15																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>20224.24</td></tr></table>	20224.24
20224.24		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

**A.** Full Name (Last, First, Middle Initial)  
CONSOLIDATED MAILING SERVICE

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.107553  
Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

1196.92

**B.** Full Name (Last, First, Middle Initial)  
CONSOLIDATED MAILING SERVICE

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL - PRINTING

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.107554  
Date of Disbursement

12 / 16 / 2010

Amount of Each Disbursement this Period

10000.00

**C.** Full Name (Last, First, Middle Initial)  
MR EDWARD J COUSAR

Mailing Address PO BOX 96613

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
CONSULTING - MANAGEMENT

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.107564  
Date of Disbursement

12 / 02 / 2010

Amount of Each Disbursement this Period

1000.00

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

12196.92

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)  
ELECTRONIC REPORTING SYSTEMS INC

Transaction ID: SB21B.107555  
Date of Disbursement

Mailing Address 683 BERRYVILLE AVE

/   /

City WINCHESTER State VA Zip Code 22601

Amount of Each Disbursement this Period

Purpose of Disbursement  
ELECTRONIC DISCLOSURE REPORTS

Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

B.

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

Transaction ID: SB21B.107565  
Date of Disbursement

Mailing Address 11325 RANDOM HILLS DR

/   /

City FAIRFAX State VA Zip Code 22030

Amount of Each Disbursement this Period

Purpose of Disbursement  
AMEX COLLECTION FEE

Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

C.

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

Transaction ID: SB21B.107567  
Date of Disbursement

Mailing Address 11325 RANDOM HILLS DR

/   /

City FAIRFAX State VA Zip Code 22030

Amount of Each Disbursement this Period

Purpose of Disbursement  
SERVICE CHARGE

Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

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

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.107570 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	1	/	3	0	/	2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX DISCOUNT FEE	<table border="1"><tr><td>106.26</td></tr></table>	106.26																		
106.26																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.107569 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	0	2	/	2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement MERCHANT SERVICE CHARGE	<table border="1"><tr><td>478.35</td></tr></table>	478.35																		
478.35																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) FIRST VIRGINIA COMMUNITY BANK	Transaction ID: SB21B.107566 Date of Disbursement																			
	Mailing Address 11325 RANDOM HILLS DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	2	/	2	0	1	0												
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period																			
	Purpose of Disbursement AMEX COLLECTION FEE	<table border="1"><tr><td>4.95</td></tr></table>	4.95																		
4.95																					
	Candidate Name BLACK REPUBLICAN PAC	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>589.56</td></tr></table>	589.56
589.56		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.107568 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	0	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	0	/	2	0	1	0														
	Mailing Address 11325 RANDOM HILLS DR		Amount of Each Disbursement this Period																				
	City FAIRFAX State VA Zip Code 22030		65.82																				
	Purpose of Disbursement SERVICE CHARGE Candidate Name BLACK REPUBLICAN PAC	001 Category/ Type																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State: District:																						
B.	Full Name (Last, First, Middle Initial) <b>FIRST VIRGINIA COMMUNITY BANK</b>	<b>Transaction ID:</b> SB21B.107571 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	1	/	2	0	1	0														
	Mailing Address 11325 RANDOM HILLS DR		Amount of Each Disbursement this Period																				
	City FAIRFAX State VA Zip Code 22030		30.66																				
	Purpose of Disbursement AMEX DISCOUNT FEE Candidate Name BLACK REPUBLICAN PAC	001 Category/ Type																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State: District:																						
C.	Full Name (Last, First, Middle Initial) <b>FREDERICK DOUGLAS FOUNDATION</b>	<b>Transaction ID:</b> SB21B.107572 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	6	/	2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	6	/	2	0	1	0														
	Mailing Address PO BOX 50273		Amount of Each Disbursement this Period																				
	City WASHINGTON State DC Zip Code 20091		750.00																				
	Purpose of Disbursement MEMBERSHIP Candidate Name BLACK REPUBLICAN PAC	001 Category/ Type																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
	State: District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-size: 1.2em;"><b>846.48</b></td> </tr> </table>	<b>846.48</b>
<b>846.48</b>		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER: (check only one)

PAGE 35 / 41

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>INTEGRAM</b></p> <p>Mailing Address <b>8421 HILLTOP RD</b></p> <p>City <b>FAIRFAX</b> State <b>VA</b> Zip Code <b>22031</b></p> <p>Purpose of Disbursement <b>DIRECT MAIL - PRINTING</b></p> <p>Candidate Name <b>BLACK REPUBLICAN PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107556 <b>Date of Disbursement</b> 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period <b>3703.71</b></p> <p><b>003</b> Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>LEGACY LISTS INC</b></p> <p>Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b></p> <p>Purpose of Disbursement <b>LIST RENTAL EXPENSE</b></p> <p>Candidate Name <b>BLACK REPUBLICAN PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107557 <b>Date of Disbursement</b> 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period <b>318.14</b></p> <p><b>003</b> Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LEGACY LISTS INC</b></p> <p>Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b></p> <p>City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b></p> <p>Purpose of Disbursement <b>LIST RENTAL EXPENSE</b></p> <p>Candidate Name <b>BLACK REPUBLICAN PAC</b></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.107558 <b>Date of Disbursement</b> 12 / 02 / 2010</p> <p>Amount of Each Disbursement this Period <b>318.92</b></p> <p><b>003</b> Category/ Type</p>

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

**4340.77**

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.	Full Name (Last, First, Middle Initial) LEGACY LISTS INC	Transaction ID: SB21B.107559 Date of Disbursement																			
	Mailing Address 1155 - 15TH STREET NW SUITE 410	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement LIST RENTAL EXPENSE	<table border="1"><tr><td>324.42</td></tr></table>	324.42																		
324.42																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) RED CAP STRATEGY	Transaction ID: SB21B.107574 Date of Disbursement																			
	Mailing Address PO BOX 300503	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
	City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period																			
	Purpose of Disbursement WEBSITE DESIGN & DEVELOPMENT	<table border="1"><tr><td>4022.50</td></tr></table>	4022.50																		
4022.50																					
	Candidate Name BLACK REPUBLICAN PAC	001 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) RST MARKETING	Transaction ID: SB21B.107575 Date of Disbursement																			
	Mailing Address 1272 CORPORATE PARK RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	2		2	0	1	0												
	City FOREST State VA Zip Code 24551	Amount of Each Disbursement this Period																			
	Purpose of Disbursement DIRECT MAIL - PRINTING	<table border="1"><tr><td>3157.84</td></tr></table>	3157.84																		
3157.84																					
	Candidate Name BLACK REPUBLICAN PAC	003 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>7504.76</td></tr></table>	7504.76
7504.76		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 41

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

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NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

A.

Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Transaction ID: SB21B.107560

Date of Disbursement

Mailing Address 4128 PEPSI PLACE

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

City State Zip Code  
CHANTILLY VA 20151

Amount of Each Disbursement this Period

1323.46

Purpose of Disbursement  
CAGING & ESCROW SERVICES

001  
Category/  
Type

Candidate Name  
BLACK REPUBLICAN PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1323.46

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

52279.59

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> BASE CONNECT, INC.			Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING FOR BRPAC
Mailing Address 1155 - 15TH STREET NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4113	
62950.41			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
4847.72	7521.09	60277.04	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> CENTURY DATA SYSTEMS			Nature of Debt (Purpose): DATA PROCESSING
Mailing Address 1155 - 15TH STREET NW SUITE 410			
City	State	ZIP Code	
WASHINGTON	DC	20005	

Outstanding Balance Beginning This Period		Transaction ID: SD10.90227	
8262.67			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1226.92	0.00	9489.59	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.90228	
2559.38			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2559.38	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	72326.01
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 39 / 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

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

Outstanding Balance Beginning This Period 31129.17	<b>Transaction ID:</b> SD10.90229	
Amount Incurred This Period 0.00	Payment This Period 11196.92	Outstanding Balance at Close of This Period 19932.25

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ELECTRONIC REPORTING SYSTEMS INC	Nature of Debt (Purpose): ELECTRONIC DISCLOSURE REPORTING
Mailing Address 683 BERRYVILLE AVE	
City State ZIP Code WINCHESTER VA 22601	

Outstanding Balance Beginning This Period 7748.00	<b>Transaction ID:</b> SD10.63979	
Amount Incurred This Period 0.00	Payment This Period 5059.20	Outstanding Balance at Close of This Period 2688.80

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

Outstanding Balance Beginning This Period 13332.11	<b>Transaction ID:</b> SD10.90231	
Amount Incurred This Period 0.00	Payment This Period 3703.71	Outstanding Balance at Close of This Period 9628.40

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>32249.45</b>
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 40 / 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor LEGACY LISTS INC	Nature of Debt (Purpose): LIST RENTAL EXPENSE
Mailing Address 1155 - 15TH STREET NW SUITE 410	
City State ZIP Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID:</b> SD10.107550	
Amount Incurred This Period <input type="text" value="4297.96"/>	Payment This Period <input type="text" value="961.48"/>	Outstanding Balance at Close of This Period <input type="text" value="3336.48"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor MACKENZIE & COMPANY	Nature of Debt (Purpose): CONSULTING - COMPLIANCE
Mailing Address 3464 S UTAH ST	
City State ZIP Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="1500.00"/>	<b>Transaction ID:</b> SD10.72919	
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="1500.00"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor PATTON-KIEHL GROUP	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address PO BOX 590	
City State ZIP Code THORNBURG VA 22565	

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="5026.43"/>
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 41 / 41
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
BLACK REPUBLICAN PAC

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

Outstanding Balance Beginning This Period 3340.41	<b>Transaction ID: SD10.90233</b>	
Amount Incurred This Period 0.00	Payment This Period 1323.46	Outstanding Balance at Close of This Period 2016.95

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor WEST END PRINTING CO	Nature of Debt (Purpose): DIRECT MAIL FUNDRAISING
Mailing Address 1609 SHERWOOD AVE	
City State ZIP Code RICHMOND VA 23220	

Outstanding Balance Beginning This Period 200.00	<b>Transaction ID: SD10.23902</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	2216.95
2) <b>TOTALS</b> This Period (last page this line number only).....	111818.84
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	111818.84