

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines BLACK AMERICA'S POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2029 P STREET NW SUITE 302 WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER C00300921 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 06 30 2007

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

Type or Print Name of Treasurer C.E. Jones

Signature of Treasurer Electronically Filed by C.E. Jones Date 07 25 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		30674.08
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	30674.08									
(c) Total Receipts (from Line 19) .....	397259.36	397259.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	427933.44	427933.44								
7. Total Disbursements (from Line 31) .....	392010.37	392010.37								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35923.07	35923.07								
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) .....	14056.87									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	68047.00	68047.00
(i) Itemized (use Schedule A) .....	329212.36	329212.36
(ii) Unitemized .....	397259.36	397259.36
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	397259.36	397259.36
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	397259.36	397259.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	397259.36	397259.36

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	386510.37	386510.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	386510.37	386510.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3500.00	3500.00
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))..	392010.37	392010.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	392010.37	392010.37

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	397259.36	397259.36
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	397259.36	397259.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	386510.37	386510.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	386510.37	386510.37

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR & MRS ED ADAM**

Mailing Address **1200 MIRA MAR AVE APT 204**

City **MEDFORD** State **OR** Zip Code **97504-8561**

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

Name of Employer **Retired** 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
0	6	/	0	4	/	2	0	0	7

**Transaction ID: SA11A1.32701**

Amount of Each Receipt this Period  

450.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**MR HENRY ADAMSKI**

Mailing Address **200 BERNICE AVE**

City **HARRISON** State **MI** Zip Code **48625**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	6	/	2	0	0	7

**Transaction ID: SA11A1.32606**

Amount of Each Receipt this Period  

220.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**DR & MRS STANLEY AMES**

Mailing Address **1860 WHISPERING CIR**

City **HENDERSON** State **NV** Zip Code **89012**

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

Name of Employer **TERWILLIGERS** Occupation **TIRE RETAILER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	7

**Transaction ID: SA11A1.32492**

Amount of Each Receipt this Period  

180.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR DANA ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 2030 BEANS BIGHT RD N E		<b>Transaction ID: SA11A1.32662</b>	
City State Zip Code SANTA MONICA CA 90401	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer REAL EST INVESTMENT	Occupation OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. MRS. JEAN ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1380 MIDDLE FORK RD		<b>Transaction ID: SA11A1.31498</b>	
City State Zip Code WITTS SPRINGS AR 72686-1205	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SUNSHINE MORTGAGE	Occupation LOAN OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Mrs Agnes Annen</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address 705 Taylor St		<b>Transaction ID: SA11A1.29283</b>	
City State Zip Code Mt Angel OR 97362	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	440.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs Agnes Annen		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 705 Taylor St		<b>Transaction ID:</b> SA11A1.28902	
City State Zip Code Mt Angel OR 97362		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation RETIRED RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR & MRS T AUGUST		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1003 FISH CROW RD		<b>Transaction ID:</b> SA11A1.32748	
City State Zip Code SANIBEL FL 33957		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) F ERIC BABES, MR		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2007	
Mailing Address 355 PELHAM RD APT 203		<b>Transaction ID:</b> SA11A1.32759	
City State Zip Code NEW ROCHELLE NY 10805		Amount of Each Receipt this Period 1620.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SELF EMPLOYED ATTORNEY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1620.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2655.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
E Matthias Bachman, Mr

Mailing Address PO Box 493

City State Zip Code  
Midland TX 79702-0493

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2007

Transaction ID: SA11A1.31512

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
E Matthias Bachman, Mr

Mailing Address PO Box 493

City State Zip Code  
Midland TX 79702-0493

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2007

Transaction ID: SA11A1.31142

Amount of Each Receipt this Period  
66.00

**C.** Full Name (Last, First, Middle Initial)  
E Matthias Bachman, Mr

Mailing Address PO Box 493

City State Zip Code  
Midland TX 79702-0493

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
406.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2007

Transaction ID: SA11A1.32358

Amount of Each Receipt this Period  
120.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>286.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 163
	(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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
E Matthias Bachman, Mr

Mailing Address PO Box 493

City State Zip Code  
Midland TX 79702-0493

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 526.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

**Transaction ID:** SA11A1.32359

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
DULANEY NATHAN BACHMAN, MR

Mailing Address 9546 CUNNINGHAM RD

City State Zip Code  
CINCINNATI OH 45243

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

Name of Employer Occupation  
SELF EMPLOYED REALTOR

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 12 / 2007

**Transaction ID:** SA11A1.32698

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
A ELLIOT BAINES, MR

Mailing Address 360 INDIAN HARBOR RD

City State Zip Code  
VERO BEACH FL 32963-3509

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 09 / 2007

**Transaction ID:** SA11A1.32757

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2020.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR. JAMES BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address <b>22 ARANA CIR</b>		<b>Transaction ID: SA11A1.31514</b>	
City <b>MATTOON</b>	State <b>IL</b>	Zip Code <b>61938</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00		

Full Name (Last, First, Middle Initial) <b>B. MR. JAMES BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address <b>22 ARANA CIR</b>		<b>Transaction ID: SA11A1.29695</b>	
City <b>MATTOON</b>	State <b>IL</b>	Zip Code <b>61938</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JAMES BAKER</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address <b>22 ARANA CIR</b>		<b>Transaction ID: SA11A1.29696</b>	
City <b>MATTOON</b>	State <b>IL</b>	Zip Code <b>61938</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) O BRUCE BARTHEL, MR Mailing Address 4404 CRAIN PL		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.32412
City State Zip Code AMARILLO TX 79121	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Occupation Self-Employed	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) MRS JANA BARTLIT Mailing Address PO BOX 744		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.32704
City State Zip Code CASTLE ROCK CO 80104-8395	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer RETIRED Occupation RETIRED	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) MR. HARRY BAUERLE Mailing Address 3261 SANTA MARIA AVENUE		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.32404
City State Zip Code SANTA CLARA CA 95051	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer GRANT ROAD LUMBER CO Occupation RETAIL LUMBER B	Aggregate Year-to-Date ▼ 206.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	790.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR &amp; MRS ALBERT BAXTER</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address <b>PO BOX 4176</b>		<b>Transaction ID: SA11A1.32664</b>	
City <b>SEDONA</b>	State <b>AZ</b>	Amount of Each Receipt this Period 300.00	
Zip Code <b>86340</b>		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. H ROBERT BELLAIRS, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address <b>5095 TANGLEWOOD BLUFF</b>		<b>Transaction ID: SA11A1.31530</b>	
City <b>GRAND BLANC</b>	State <b>MI</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>48439</b>		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MR &amp; MRS GAYLORD &amp; SHIRLEY BENNETT</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address <b>25225 SE WALLY RD</b>		<b>Transaction ID: SA11A1.32503</b>	
City <b>BORING</b>	State <b>OR</b>	Amount of Each Receipt this Period 200.00	
Zip Code <b>97009</b>		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MS MONA BIDDLE</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address PO BOX 191		<b>Transaction ID: SA11A1.32618</b>	
City <b>MEDINA</b>	State <b>WA</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>98039-0191</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>TOPOGRAPHIC INC</b>	Occupation <b>PRESIDENT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR OLIVER BIVINS</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007	
Mailing Address 2028 S AUSTIN ST		<b>Transaction ID: SA11A1.32666</b>	
City <b>AMARILLO</b>	State <b>TX</b>	Amount of Each Receipt this Period 300.00	
Zip Code <b>79109-1934</b>		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MRS CHARLES BLAYLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address 19621 BUTTERBAUGH FORD RD		<b>Transaction ID: SA11A1.31283</b>	
City <b>SEDALIA</b>	State <b>MO</b>	Amount of Each Receipt this Period 70.00	
Zip Code <b>65301</b>		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF</b>	Occupation <b>SELF EMPLOYED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	620.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
R RONDA BLEHM-KUK, MRS

Mailing Address 32265 WEEPING WILLOW ST

City State Zip Code  
TRABUCO CANYON CA 92679

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.31550

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
L ROBERT BOUGHTON, MR

Mailing Address 3449 PADARO LN

City State Zip Code  
CARPINTERIA CA 93013

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: SA11A1.32706

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MRS HERBERT BOWEN

Mailing Address 343 DON ST SE

City State Zip Code  
LOS LUNAS NM 87031-6729

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

Name of Employer Occupation  
VALLEY INDEPENDENT BANK ACCOUNTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.29766

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MRS HERBERT BOWEN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 343 DON ST SE		<b>Transaction ID: SA11A1.25329</b>	
City <b>LOS LUNAS</b>	State <b>NM</b>	Zip Code <b>87031-6729</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>VALLEY INDEPENDENT BANK</b>	Occupation <b>ACCOUNTANT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>B. MRS HERBERT BOWEN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 343 DON ST SE		<b>Transaction ID: SA11A1.29767</b>	
City <b>LOS LUNAS</b>	State <b>NM</b>	Zip Code <b>87031-6729</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>VALLEY INDEPENDENT BANK</b>	Occupation <b>ACCOUNTANT</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>C. S Glenn Brant, Mr</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2007	
Mailing Address PO Box 3396		<b>Transaction ID: SA11A1.32607</b>	
City <b>Midland</b>	State <b>TX</b>	Zip Code <b>79702-3396</b>	Amount of Each Receipt this Period 220.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	295.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
S Glenn Brant, Mr

Mailing Address PO Box 3396

City State Zip Code  
**Midland TX 79702-3396**

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 18 / 2007**

**Transaction ID: SA11A1.32608**

Amount of Each Receipt this Period  
**220.00**

**B.** Full Name (Last, First, Middle Initial)  
MR. DAVID BRITTAIN

Mailing Address 2552 E ALAMEDA AVE UNIT 74

City State Zip Code  
**FAYETTEVILLE NY 13066**

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

Name of Employer HEALTH SYSTEMS MGMNT Occupation HEALTH QUALITY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 16 / 2007**

**Transaction ID: SA11A1.32609**

Amount of Each Receipt this Period  
**220.00**

**C.** Full Name (Last, First, Middle Initial)  
Mrs Gus Brown

Mailing Address 603 Millville Dr

City State Zip Code  
**Henderson TX 75652-5237**

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 04 / 2007**

**Transaction ID: SA11A1.31573**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>540.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
L JOHNNIE BROWN, MR.

Mailing Address 3838 S EDMUNDS STREET APT. 205

City State Zip Code  
**SEATTLE WA 98118**

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

Name of Employer Occupation  
ELECTRICAL CONSTRUCTION B ELECTRICAL SUPE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **392.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 10 / 2007**

**Transaction ID: SA11A1.32603**

Amount of Each Receipt this Period  
**210.00**

**B.** Full Name (Last, First, Middle Initial)  
L JOHNNIE BROWN, MR.

Mailing Address 3838 S EDMUNDS STREET APT. 205

City State Zip Code  
**SEATTLE WA 98118**

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

Name of Employer Occupation  
ELECTRICAL CONSTRUCTION B ELECTRICAL SUPE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **602.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 25 / 2007**

**Transaction ID: SA11A1.32604**

Amount of Each Receipt this Period  
**210.00**

**C.** Full Name (Last, First, Middle Initial)  
L PETER BROWNELL, MR

Mailing Address 5 PLACE CONCORDE

City State Zip Code  
**PALM COAST FL 32137**

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 31 / 2007**

**Transaction ID: SA11A1.31574**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>520.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 19 / 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
S DAVID BROWNING, MR

Mailing Address 8437 TUTTLE AVE # 310

City State Zip Code  
SARASOTA FL 34243-2868

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

Name of Employer Occupation  
RETIRED RET

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2007

Transaction ID: SA11A1.29309

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
MRS SUSAN BRUNOFF

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 08 / 2007

Transaction ID: SA11A1.32619

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MRS SUSAN BRUNOFF

Mailing Address 334 W CEDAR ST

City State Zip Code  
NEW HOLLAND PA 17557

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 09 / 2007

Transaction ID: SA11A1.32660

Amount of Each Receipt this Period  
270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 560.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
D JOHN BRYAN, MR

Mailing Address PO BOX 1929

City State Zip Code  
**LAKE OSWEGO OR 97035-0019**

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 19 / 2007**

**Transaction ID: SA11A1.32708**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
K MAX BUCHMILLER, MR

Mailing Address 8954 CHERRY AVE

City State Zip Code  
**ORANGEVALE CA 95662**

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

Name of Employer CATERPILLAR DEALER/CAT IN Occupation MANAGEMENT TRAI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 29 / 2007**

**Transaction ID: SA11A1.29798**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
K MAX BUCHMILLER, MR

Mailing Address 8954 CHERRY AVE

City State Zip Code  
**ORANGEVALE CA 95662**

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

Name of Employer CATERPILLAR DEALER/CAT IN Occupation MANAGEMENT TRAI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **251.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 22 / 2007**

**Transaction ID: SA11A1.28921**

Amount of Each Receipt this Period  
**35.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
K MAX BUCHMILLER, MR

Mailing Address **8954 CHERRY AVE**

City **ORANGEVALE** State **CA** Zip Code **95662**

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

Name of Employer **CATERPILLAR DEALER/CAT IN** Occupation **MANAGEMENT TRAI**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

**Transaction ID: SA11A1.29799**

Amount of Each Receipt this Period  

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
M Mary Buol, Mrs

Mailing Address **1008 Dunvegan Rd**

City **West Chester** State **PA** Zip Code **19382-7102**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

**Transaction ID: SA11A1.32507**

Amount of Each Receipt this Period  

200.00
--------

**C.** Full Name (Last, First, Middle Initial)  
MR NELSON BURBANK

Mailing Address **24 JUNIPER CIR**

City **READING** State **MA** Zip Code **01867-1836**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	7

**Transaction ID: SA11A1.32509**

Amount of Each Receipt this Period  

200.00
--------

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
DR JAMES CANFORD, JR

Mailing Address 4928 KING RICHARD RD

City State Zip Code  
JACKSONVILLE FL 32210

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

Name of Employer Occupation  
GOODKIND & O DEA ENGINEER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2007

Transaction ID: SA11A1.32616

Amount of Each Receipt this Period  
240.00

**B.** Full Name (Last, First, Middle Initial)  
C RON CAR, MR

Mailing Address 23 DRIVE ISLAND RD

City State Zip Code  
NEWTON NJ 07860-4512

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

Name of Employer Occupation  
Self Employed Lawyer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 31 / 2007

Transaction ID: SA11A1.32761

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
V RALPH CASTEEL, MR

Mailing Address 62511 LOCUST RD

City State Zip Code  
SOUTH BEND IN 46614

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

Name of Employer Occupation  
Retired Retired

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 19 / 2007

Transaction ID: SA11A1.32668

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2540.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR SOLOMON COOK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address <b>303 STATE RTE 37</b>		<b>Transaction ID: SA11A1.32610</b>	
City <b>HOGANSBURG</b>	State <b>NY</b>	Amount of Each Receipt this Period 220.00	
Zip Code <b>13655</b>		Amount of Each Receipt this Period 220.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>COLDWELL BANKER BURNET RE</b>	Occupation <b>REAL ESTATE AGE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00		

Full Name (Last, First, Middle Initial) <b>B. MRS SUZANNE COSMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address <b>3051 W STATE RD 84</b>		<b>Transaction ID: SA11A1.31618</b>	
City <b>FORT LAUDERDALE</b>	State <b>FL</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>33312-4821</b>		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C. H JAMES COUNTRYMAN, MRS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address <b>1700 GRAHAM AVE</b>		<b>Transaction ID: SA11A1.32423</b>	
City <b>ODESSA</b>	State <b>TX</b>	Amount of Each Receipt this Period 150.00	
Zip Code <b>79763-2819</b>		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	470.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	470.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) MRS FRANCES CULLOM		Date of Receipt M M / D D / Y Y Y Y Y 03 / 12 / 2007	
Mailing Address 2515 SPRING HILL DR		<b>Transaction ID:</b> SA11A1.22629	
City ASHLAND	State OR	Amount of Each Receipt this Period 20.00	
Zip Code 97520-1453			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MRS FRANCES CULLOM		Date of Receipt M M / D D / Y Y Y Y Y 05 / 15 / 2007	
Mailing Address 2515 SPRING HILL DR		<b>Transaction ID:</b> SA11A1.32669	
City ASHLAND	State OR	Amount of Each Receipt this Period 300.00	
Zip Code 97520-1453			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MRS FRANCES CULLOM		Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2007	
Mailing Address 2515 SPRING HILL DR		<b>Transaction ID:</b> SA11A1.32670	
City ASHLAND	State OR	Amount of Each Receipt this Period 300.00	
Zip Code 97520-1453			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 806.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	620.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Mr Paul Decleva		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address 400 N Saint Paul St Ste 1000		<b>Transaction ID:</b> SA11A1.31637	
City State Zip Code Dallas TX 75201-6870	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation Self-Employed Broker	Aggregate Year-to-Date ▼ 225.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) MR RAYMOND DEENY		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2007	
Mailing Address 90 S S CASCADE AVE		<b>Transaction ID:</b> SA11A1.32621	
City State Zip Code COLORADO SPRINGS CO 80903-1611	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation FOOD SUE MANAGER	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) MRS DARDEN L DEVINEY		Date of Receipt M M / D D / Y Y Y Y Y 02 / 09 / 2007	
Mailing Address 703 PRESSLER ST		<b>Transaction ID:</b> SA11A1.32611	
City State Zip Code AUSTIN TX 78703-5127	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RETIRED RETIRED	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	570.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
C JACK DILTS, MR

Mailing Address 8100 WYO M-4 #507

City State Zip Code  
**ABQ NM 87113**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 18 2007**

**Transaction ID: SA11A1.31645**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
MR. JOSEPH DOYLE

Mailing Address 3580 SENIOR PL

City State Zip Code  
**NEW YORK NY 10011**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 03 2007**

**Transaction ID: SA11A1.32671**

Amount of Each Receipt this Period  
**300.00**

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

Mailing Address 473 W END AVE APT 13B

City State Zip Code  
**NEW YORK NY 10024**

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

Name of Employer Occupation  
ORONTAL AND CO INC INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 05 2007**

**Transaction ID: SA11A1.32744**

Amount of Each Receipt this Period  
**900.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR JOHN DRAGHI

Mailing Address 473 W END AVE APT 13B

City State Zip Code  
**NEW YORK NY 10024**

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

Name of Employer Occupation  
ORUNTAL AND CO INC INVESTMENTS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1820.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2007

Transaction ID: SA11A1.32746

Amount of Each Receipt this Period  
920.00

**B.** Full Name (Last, First, Middle Initial)  
C Joyce Eddy, Ms

Mailing Address PO Box 1209

City State Zip Code  
Toccoa PA 30577-1421

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2007

Transaction ID: SA11A1.32672

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
F William Edmonds, Mr

Mailing Address 2600 Arlington Ave S Apt 60

City State Zip Code  
Birmingham AL 35205-4160

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2007

Transaction ID: SA11A1.31677

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1320.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
F William Edmonds, Mr

Mailing Address 2600 Arlington Ave S Apt 60

City Birmingham State AL Zip Code 35205-4160

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 20 / 2007

Transaction ID: SA11A1.29960

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
K ANNE EMBRY, MS

Mailing Address 164 E 72ND ST

City NEW YORK State NY Zip Code 10021

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
03 / 30 / 2007

Transaction ID: SA11A1.32674

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MR A EPP

Mailing Address 6335 O ST APT 538

City LINCOLN State NE Zip Code 68510

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

Name of Employer GRANT DIST CO Occupation PRESIDENT EXEC.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
05 / 29 / 2007

Transaction ID: SA11A1.31687

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) MR A EPP		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 6335 O ST APT 538		<b>Transaction ID:</b> SA11A1.31688	
City LINCOLN	State NE	Zip Code 68510	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer GRANT DIST CO	Occupation PRESIDENT EXEC.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>B.</b> Full Name (Last, First, Middle Initial) F N P FANNING, MR		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address PO BOX 607		<b>Transaction ID:</b> SA11A1.32749	
City UNIONVILLE	State PA	Zip Code 19375	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF EMPLOYED	Occupation FINANCIAL MANAG		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

<b>C.</b> Full Name (Last, First, Middle Initial) DR JOHN FISCHER		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 681 NW 73RD AVE		<b>Transaction ID:</b> SA11A1.32428	
City PLANTATION	State FL	Zip Code 33317	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF-EMPLOYED	Occupation AUTHOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**B RICHARD FISHER, MR**

Mailing Address **202 KENSINGTON CT**

City **PITTSBURG** State **PA** Zip Code **15238**

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

Name of Employer **SELF-EMPLOYED** Occupation **PROPERTY INVEST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 18 / 2007**

**Transaction ID: SA11A1.32710**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr Samuel Franklin**

Mailing Address **17 Columbus Ave**

City **Spring Valley** State **NY** Zip Code **10977**

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

Name of Employer **RETIRED** 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  
**02 / 12 / 2007**

**Transaction ID: SA11A1.32612**

Amount of Each Receipt this Period  
**225.00**

**C.** Full Name (Last, First, Middle Initial)  
**D Sam Gay, Mr**

Mailing Address **5528 Riggs St**

City **Mission** State **KS** Zip Code **66202-2561**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 29 / 2007**

**Transaction ID: SA11A1.31468**

Amount of Each Receipt this Period  
**90.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>815.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 163		
	<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

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. C JAMES GEHRIS, DR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 100 W ARCH ST		<b>Transaction ID: SA11A1.32376</b>	
City <b>SHAMOKIN</b>	State <b>PA</b>	Zip Code <b>17872-5359</b>	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation HOME REPAIR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. MR PHILIP GEIER, JR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 6000 REDBIRD HOLLOW LN		<b>Transaction ID: SA11A1.31737</b>	
City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45243-3331</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MR PHILIP GEIER, JR</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address 6000 REDBIRD HOLLOW LN		<b>Transaction ID: SA11A1.31738</b>	
City <b>CINCINNATI</b>	State <b>OH</b>	Zip Code <b>45243-3331</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	320.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 163		
	<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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR PHILIP GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City CINCINNATI State OH Zip Code 45243-3331

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.31739

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR PHILIP GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City CINCINNATI State OH Zip Code 45243-3331

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.31740

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR PHILIP GEIER, JR

Mailing Address 6000 REDBIRD HOLLOW LN

City CINCINNATI State OH Zip Code 45243-3331

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.31741

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
M VERN GIBSON, MR

Mailing Address 1001 N PASADENA UNIT 27

City MESA State AZ Zip Code 85201

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

Name of Employer SILVER ANVIL ENG CORP Occupation CHEMIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt  
05 / 02 / 2007

Transaction ID: SA11A1.31178

Amount of Each Receipt this Period  
66.00

**B.** Full Name (Last, First, Middle Initial)  
M VERN GIBSON, MR

Mailing Address 1001 N PASADENA UNIT 27

City MESA State AZ Zip Code 85201

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

Name of Employer SILVER ANVIL ENG CORP Occupation CHEMIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt  
05 / 23 / 2007

Transaction ID: SA11A1.30052

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
M VERN GIBSON, MR

Mailing Address 1001 N PASADENA UNIT 27

City MESA State AZ Zip Code 85201

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

Name of Employer SILVER ANVIL ENG CORP Occupation CHEMIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 377.00

Date of Receipt  
06 / 04 / 2007

Transaction ID: SA11A1.31179

Amount of Each Receipt this Period  
66.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>182.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR DELBERT GLASER

Mailing Address 31997 SAND RIDGE RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation  
RETIRED RET/PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 276.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 19 / 2007

**Transaction ID: SA11A1.31759**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR DELBERT GLASER

Mailing Address 31997 SAND RIDGE RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation  
RETIRED RET/PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 326.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 09 / 2007

**Transaction ID: SA11A1.30059**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR DELBERT GLASER

Mailing Address 31997 SAND RIDGE RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation  
RETIRED RET/PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 426.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 13 / 2007

**Transaction ID: SA11A1.31760**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR DELBERT GLASER

Mailing Address 31997 SAND RIDGE RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation  
RETIRED RET/PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 576.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

**Transaction ID:** SA11A1.32431

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
MR DELBERT GLASER

Mailing Address 31997 SAND RIDGE RD

City State Zip Code  
LEBANON OR 97355

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

Name of Employer Occupation  
RETIRED RET/PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 651.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

**Transaction ID:** SA11A1.31353

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
H MARVIN GOEHRING, MR & MRS

Mailing Address 301 W REDWOOD ST # 11

City State Zip Code  
PARKSTON SD 57366-2253

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

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 7

**Transaction ID:** SA11A1.32741

Amount of Each Receipt this Period  
525.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 163
	(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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR. CUTHBERT GORMAN

Mailing Address 9545 TAMARACK DR

City State Zip Code  
INDIANAPOLIS IN 46260-1295

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.32522

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
MS BETH GRAY

Mailing Address 2409 SAINT JOSEPH ST

City State Zip Code  
SULPHUR LA 70663-6153

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.30080

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MS BETH GRAY

Mailing Address 2409 SAINT JOSEPH ST

City State Zip Code  
SULPHUR LA 70663-6153

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.30081

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MS BETH GRAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 2409 SAINT JOSEPH ST		<b>Transaction ID: SA11A1.31358</b>	
City State Zip Code SULPHUR LA 70663-6153	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RET		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 328.00		

Full Name (Last, First, Middle Initial) <b>B. MR WALTER GREEMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address PO BOX 218		<b>Transaction ID: SA11A1.32523</b>	
City State Zip Code TISHOMINGO OK 73460	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer DENTAL ASSOCIATES LTD	Occupation PERIODONTIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Mr John Green</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address PO Box 4014		<b>Transaction ID: SA11A1.32622</b>	
City State Zip Code Monterey CA 93942	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	525.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 163		
	<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

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) MS PATRICIA GREENHOOD		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address PO BOX 267		<b>Transaction ID:</b> SA11A1.32526	
City LOS ALTOS	State CA	Amount of Each Receipt this Period 200.00	
Zip Code 94023		FEC ID number of contributing federal political committee. C	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) O'NEIL GRIFFIN		Date of Receipt M M / D D / Y Y Y Y 02 / 09 / 2007	
Mailing Address PO BOX 29190		<b>Transaction ID:</b> SA11A1.32624	
City KERRVILLE	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 78029		FEC ID number of contributing federal political committee. C	
Name of Employer SELF EMPLOYED	Occupation HOME BUILDER	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) O'NEIL GRIFFIN		Date of Receipt M M / D D / Y Y Y Y 05 / 11 / 2007	
Mailing Address PO BOX 29190		<b>Transaction ID:</b> SA11A1.32661	
City KERRVILLE	State TX	Amount of Each Receipt this Period 270.00	
Zip Code 78029		FEC ID number of contributing federal political committee. C	
Name of Employer SELF EMPLOYED	Occupation HOME BUILDER	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	720.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr Richard Griffith

Mailing Address PO Box 91610

City State Zip Code  
**Lafayette LA 70509-1610**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 14 / 2007**

**Transaction ID: SA11A1.31792**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address PO BOX 2599

City State Zip Code  
**MANSFIELD OH 44906-0599**

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

Name of Employer Occupation  
GORMEN RVPP CO CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**01 / 24 / 2007**

**Transaction ID: SA11A1.32676**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
MR IVAN GROSSMAN

Mailing Address 102 SEGOLILY CT

City State Zip Code  
**LINCOLN CA 95648-8115**

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

Name of Employer Occupation  
RETIRED U S ARMY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 23 / 2007**

**Transaction ID: SA11A1.31797**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR IVAN GROSSMAN

Mailing Address 102 SEGOLILY CT

City State Zip Code  
LINCOLN CA 95648-8115

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

Name of Employer Occupation  
RETIRED U S ARMY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2007

Transaction ID: SA11A1.30096

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
E SHIRLEY HALL, MS

Mailing Address 170 NORWOOD DR

City State Zip Code  
COUNCIL BLUFFS IA 51503-8400

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

Name of Employer Occupation  
RETIRED 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  
06 / 27 / 2007

Transaction ID: SA11A1.31804

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS CAROLYN HAMAN

Mailing Address PO BOX 176  
8917 S PALMER RD

City State Zip Code  
NEW CARLISLE OH 45344-9668

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

Transaction ID: SA11A1.31805

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MS DORIS HAMILTON</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 1300 NE 16TH AVE APT 1122		<b>Transaction ID: SA11A1.31806</b>	
City State Zip Code PORTLAND OR 97232		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED		Occupation RETIRED TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 258.00	

Full Name (Last, First, Middle Initial) <b>B. MS DORIS HAMILTON</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 1300 NE 16TH AVE APT 1122		<b>Transaction ID: SA11A1.29010</b>	
City State Zip Code PORTLAND OR 97232		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED		Occupation RETIRED TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 293.00	

Full Name (Last, First, Middle Initial) <b>C. DR JOHN HARTFORD</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 4650 WESTFORD CIR		<b>Transaction ID: SA11A1.31814</b>	
City State Zip Code WALNUT CREEK CA 94595		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	235.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. A JAMES HARTMAN, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address <b>4916 JULE DR</b>		<b>Transaction ID: SA11A1.32677</b>	
City <b>PANORA</b>	State <b>IA</b>	Zip Code <b>50216-8620</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>WILLOTTA RANCH</b>	Occupation <b>FARMER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. A JAMES HARTMAN, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address <b>4916 JULE DR</b>		<b>Transaction ID: SA11A1.32678</b>	
City <b>PANORA</b>	State <b>IA</b>	Zip Code <b>50216-8620</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>WILLOTTA RANCH</b>	Occupation <b>FARMER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. MRS MARGARET HASSENPFUG</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7	
Mailing Address <b>3034 GRAFTON RD</b>		<b>Transaction ID: SA11A1.30143</b>	
City <b>MORGANTOWN</b>	State <b>WV</b>	Zip Code <b>26508</b>	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
W HENRY HEAPS, REV & MRS

Mailing Address 3964 STREET RD

City State Zip Code  
STREET MD 21154

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

Name of Employer Occupation  
Pastor Pastor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2007

Transaction ID: SA11A1.32400

Amount of Each Receipt this Period  
134.00

**B.** Full Name (Last, First, Middle Initial)  
W HENRY HEAPS, REV & MRS

Mailing Address 3964 STREET RD

City State Zip Code  
STREET MD 21154

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

Name of Employer Occupation  
Pastor Pastor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 10 / 2007

Transaction ID: SA11A1.31830

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
W HENRY HEAPS, REV & MRS

Mailing Address 3964 STREET RD

City State Zip Code  
STREET MD 21154

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

Name of Employer Occupation  
Pastor Pastor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: SA11A1.32437

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>384.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
L ROBERT HENDERSON, DR

Mailing Address 360 HIPSLEY HILL RD

City State Zip Code  
**WOODBINE MD 21797**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 25 2007**

**Transaction ID: SA11A1.31840**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
MRS DORIS HENDRICKS

Mailing Address 483 9TH ST #8

City State Zip Code  
**PARKVILLE MD 21234**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 27 2007**

**Transaction ID: SA11A1.30166**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
MRS AUDREY HICKMAN

Mailing Address 109 FLORA DR

City State Zip Code  
**HAINES CITY FL 33844**

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

Name of Employer Occupation  
DUFF CO MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 15 2007**

**Transaction ID: SA11A1.32626**

Amount of Each Receipt this Period  
**250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MRS AUDREY HICKMAN

Mailing Address 109 FLORA DR

City State Zip Code  
HAINES CITY FL 33844

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

Name of Employer Occupation  
DUFF CO MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2007

Transaction ID: SA11A1.32711

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
G THEODORE HINES, MR

Mailing Address 434 E WASHINGTON BLVD

City State Zip Code  
GROVE CITY PA 16127

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

Name of Employer Occupation  
SELF EMPLOYED INSURANCE SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2007

Transaction ID: SA11A1.32628

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
G THEODORE HINES, MR

Mailing Address 434 E WASHINGTON BLVD

City State Zip Code  
GROVE CITY PA 16127

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

Name of Employer Occupation  
SELF EMPLOYED INSURANCE SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 19 / 2007

Transaction ID: SA11A1.32629

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
H James Howe, Mr

Mailing Address 3 Upper Price Rd

City State Zip Code  
Saint Louis MO 63132-4470

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

Name of Employer Occupation  
DOWNTOWN PHYSICIANS, INC MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
261.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 19 / 2007

**Transaction ID:** SA11A1.31365

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
H James Howe, Mr

Mailing Address 3 Upper Price Rd

City State Zip Code  
Saint Louis MO 63132-4470

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

Name of Employer Occupation  
DOWNTOWN PHYSICIANS, INC MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
341.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 10 / 2007

**Transaction ID:** SA11A1.31450

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs Elizabeth Ivey

Mailing Address 1616 Carl Durham Rd

City State Zip Code  
Chapel Hill NC 27516-7617

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2007

**Transaction ID:** SA11A1.30224

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) MR BRUCE JACOBS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 5284 REISTERSTOWN RD		<b>Transaction ID:</b> SA11A1.32630
City ANACORTES	State WA	Zip Code 98221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MR BRUCE JACOBS		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 5284 REISTERSTOWN RD		<b>Transaction ID:</b> SA11A1.31887
City ANACORTES	State WA	Zip Code 98221
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	
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) L ERIC JOHNSON, MR		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 286 SAN RAFAEL AVE		<b>Transaction ID:</b> SA11A1.32631
City BELVEDERE TIBURON	State CA	Zip Code 94920-2332
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer UNIV.NEBRASKA MEDICAL CTR	Occupation RET EDUCATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) MRS VERSAMEE KARNEZIS		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2007	
Mailing Address 748 SANTA RITA WAY		<b>Transaction ID:</b> SA11A1.29412	
City State Zip Code SACRAMETNO CA 95864	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MS MARGARET KENNEDY		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007	
Mailing Address 1190 GLENWOOD DR		<b>Transaction ID:</b> SA11A1.31924	
City State Zip Code ABILENE TX 79605	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>C.</b> Full Name (Last, First, Middle Initial) L James Kilgore, Mr		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2007	
Mailing Address PO Box 15175		<b>Transaction ID:</b> SA11A1.31927	
City State Zip Code Houston TX 77220	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AM. LAWN MOWER CO.	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. V NORMAN KINSEY, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address <b>401 EDWARDS ST</b>		<b>Transaction ID: SA11A1.32633</b>	
City <b>SHREVEPORT</b>	State <b>LA</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>71101-3289</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD KIRK</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address <b>6 HUNTER DR</b>		<b>Transaction ID: SA11A1.31202</b>	
City <b>BEL AIR</b>	State <b>MD</b>	Amount of Each Receipt this Period 66.00	
Zip Code <b>21014-3934</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00		

Full Name (Last, First, Middle Initial) <b>C. MR LEONARD KIRK</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7	
Mailing Address <b>6 HUNTER DR</b>		<b>Transaction ID: SA11A1.30299</b>	
City <b>BEL AIR</b>	State <b>MD</b>	Amount of Each Receipt this Period 50.00	
Zip Code <b>21014-3934</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	366.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR LEONARD KIRK</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7	
Mailing Address <b>6 HUNTER DR</b>		<b>Transaction ID: SA11A1.30300</b>	
City State Zip Code <b>BEL AIR MD 21014-3934</b>		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 301.00	

Full Name (Last, First, Middle Initial) <b>B. MR LEONARD KIRK</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address <b>6 HUNTER DR</b>		<b>Transaction ID: SA11A1.31306</b>	
City State Zip Code <b>BEL AIR MD 21014-3934</b>		Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.00	

Full Name (Last, First, Middle Initial) <b>C. MR LEONARD KIRK</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address <b>6 HUNTER DR</b>		<b>Transaction ID: SA11A1.31937</b>	
City State Zip Code <b>BEL AIR MD 21014-3934</b>		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 471.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	220.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MR QUENTIN KRAFKA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 921 SANTA ANNA DR		<b>Transaction ID: SA11A1.31205</b>	
City ALAMO	State TX	Zip Code 78516	Amount of Each Receipt this Period 66.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BAKER LLP	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

Full Name (Last, First, Middle Initial) <b>B. MR QUENTIN KRAFKA</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 921 SANTA ANNA DR		<b>Transaction ID: SA11A1.30321</b>	
City ALAMO	State TX	Zip Code 78516	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BAKER LLP	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.00		

Full Name (Last, First, Middle Initial) <b>C. MR QUENTIN KRAFKA</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 921 SANTA ANNA DR		<b>Transaction ID: SA11A1.32634</b>	
City ALAMO	State TX	Zip Code 78516	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer BAKER LLP	Occupation ATTORNEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 552.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	366.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. F Thomas Kyle, Mrs</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address 215 Summerhaven Dr S		<b>Transaction ID: SA11A1.31960</b>	
City State Zip Code East Syracuse NY 13057	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer LAKE RONEL OIL COMPANY	Occupation CHAIRMAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. R JAMES LANCASTER, MR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2007	
Mailing Address 3 GOOSE LAKE DR.		<b>Transaction ID: SA11A1.32713</b>	
City State Zip Code BARRINGTON IL 60010-5140	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. S JERRY LAUSMANN, MR</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2007	
Mailing Address PO BOX 1608		<b>Transaction ID: SA11A1.32538</b>	
City State Zip Code MEDFORD OR 97501	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) R JOE LEE, MR Mailing Address 7550 HINSON ST APT 12C City <b>ORLANDO</b> State <b>FL</b> Zip Code <b>32819-5177</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.32738 Amount of Each Receipt this Period <table border="1"> <tr> <td>520.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	9		2	0	0	7	520.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	9		2	0	0	7														
520.00																							
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>520.00</td> </tr> </table>		520.00																					
520.00																							

<b>B.</b> Full Name (Last, First, Middle Initial) P FRANCIS LEHAR, MR Mailing Address PO BOX 1482 City <b>MANCHESTER</b> State <b>MA</b> Zip Code <b>01944-0856</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.31976 Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	100.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
100.00																							
Name of Employer ACTERNA Occupation ENGINEER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>		240.00																					
240.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) P FRANCIS LEHAR, MR Mailing Address PO BOX 1482 City <b>MANCHESTER</b> State <b>MA</b> Zip Code <b>01944-0856</b> FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.32714 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	1		2	0	0	7														
500.00																							
Name of Employer ACTERNA Occupation ENGINEER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>740.00</td> </tr> </table>		740.00																					
740.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
P FRANCIS LEHAR, MR

Mailing Address PO BOX 1482

City State Zip Code  
**MANCHESTER MA 01944-0856**

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

Name of Employer Occupation  
ACTERNA ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 25 2007**

**Transaction ID: SA11A1.32403**

Amount of Each Receipt this Period  
**135.00**

**B.** Full Name (Last, First, Middle Initial)  
MR THEODORE LEININGER

Mailing Address 6807 RICHMOND RD.

City State Zip Code  
**EPHRATA PA 17522**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 28 2007**

**Transaction ID: SA11A1.26272**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
H Robert Leverenz, Mr

Mailing Address PO Box 1247

City State Zip Code  
**Sheboygan WI 53082-1247**

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

Name of Employer Occupation  
CANFIELDS BACK YARD ENTER SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 25 2007**

**Transaction ID: SA11A1.32745**

Amount of Each Receipt this Period  
**900.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1060.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR MARTIN LEWIS**

Mailing Address **50 MADISON AVE**

City **NEW YORK** State **NY** Zip Code **10010**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

**Transaction ID: SA11A1.32751**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**H ROBERT LONG, MR**

Mailing Address **2205 CHANNEL WAY**

City **N FORT MYERS** State **FL** Zip Code **33917**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

**Transaction ID: SA11A1.32679**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**A EDWARD LOZICK, MR**

Mailing Address **29425 CHAGRIN BLVD STE 201**

City **BEACHWOOD** State **OH** Zip Code **44122-4602**

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

Name of Employer **Retired** 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
0	3	/	1	2	/	2	0	0	7

**Transaction ID: SA11A1.32636**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR REX LYSINGER</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2007	
Mailing Address <b>7084 CENTRAL AVE</b>		<b>Transaction ID: SA11A1.32613</b>	
City State Zip Code <b>DESTIN FL 32550</b>		Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>		Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. A ANTHONY MAAS, MR</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2007	
Mailing Address <b>200 SALES AVE</b>		<b>Transaction ID: SA11A1.32658</b>	
City State Zip Code <b>HARRISON OH 45030-1485</b>		Amount of Each Receipt this Period 255.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>COMPREWARE</b>		Occupation <b>SENIOR CONSULTA</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>C. A ANTHONY MAAS, MR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address <b>200 SALES AVE</b>		<b>Transaction ID: SA11A1.32659</b>	
City State Zip Code <b>HARRISON OH 45030-1485</b>		Amount of Each Receipt this Period 257.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>COMPREWARE</b>		Occupation <b>SENIOR CONSULTA</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 512.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	737.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
A ROBERT MARHSALL, MR

Mailing Address 18110 WINDSOR DR

City State Zip Code  
**HENDRSONVILLE NC 28791**

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

Name of Employer Occupation  
RETIRED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **233.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 16 / 2007**

**Transaction ID: SA11A1.32452**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
A ROBERT MARHSALL, MR

Mailing Address 18110 WINDSOR DR

City State Zip Code  
**HENDRSONVILLE NC 28791**

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

Name of Employer Occupation  
RETIRED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **683.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 23 / 2007**

**Transaction ID: SA11A1.32702**

Amount of Each Receipt this Period  
**450.00**

**C.** Full Name (Last, First, Middle Initial)  
E LESLIE MCCLELLAND, MR

Mailing Address PO BOX 310

City State Zip Code  
**LANCASTER OH 43130-0310**

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

Name of Employer Occupation  
BFG SUPPLY CO WHOLESALE DISTR

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 16 / 2007**

**Transaction ID: SA11A1.32753**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR GEORGE MCCLINTOCK

Mailing Address 800 HUMMINGBIRD LN

City State Zip Code  
NAPLES FL 34103

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 02 / 2007

Transaction ID: SA11A1.32680

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE R MCCLOSKEY, MR

Mailing Address 122 BANNER LN

City State Zip Code  
VILLA RIDGE MO 63089

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

Name of Employer Occupation  
GENERAL NUTRITION CENTER BUSINESSMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 29 / 2007

Transaction ID: SA11A1.32715

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
BRUCE R MCCLOSKEY, MR

Mailing Address 122 BANNER LN

City State Zip Code  
VILLA RIDGE MO 63089

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

Name of Employer Occupation  
GENERAL NUTRITION CENTER BUSINESSMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 02 / 2007

Transaction ID: SA11A1.32547

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR K MC CORMICK

Mailing Address **785 S 24TH ST #608**

City **HOUSTON** State **TX** Zip Code **77065**

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

Name of Employer **COMPAQ** Occupation **ELECTRONIC TECH**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	7

**Transaction ID: SA11A1.32617**

Amount of Each Receipt this Period  

240.00
--------

**B.** Full Name (Last, First, Middle Initial)  
MR K MC CORMICK

Mailing Address **785 S 24TH ST #608**

City **HOUSTON** State **TX** Zip Code **77065**

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

Name of Employer **COMPAQ** Occupation **ELECTRONIC TECH**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	0	7

**Transaction ID: SA11A1.32000**

Amount of Each Receipt this Period  

100.00
--------

**C.** Full Name (Last, First, Middle Initial)  
F JOHN MCGILLICUDDY, MR

Mailing Address **23 HILLTOP PL**

City **RYE** State **NY** Zip Code **10580**

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

Name of Employer **HEWITT ASSOCIATES** Occupation **INFORMATION TEC**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

**Transaction ID: SA11A1.30447**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
L GRACE MEEK, MS

Mailing Address 1320 FREDERICKST APT A

City State Zip Code  
**INDEPENDENCE MO 64050-3161**

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.00

Date of Receipt  
M M / D D / Y Y Y Y  
**01 22 2007**

**Transaction ID: SA11A1.32600**

Amount of Each Receipt this Period  
202.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ORVILLE MERILLAT

Mailing Address 8020 STINSON AVE

City State Zip Code  
**ADRIAN MI 49221**

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
**04 13 2007**

**Transaction ID: SA11A1.32681**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS E MILLER

Mailing Address 142 TERRACE CT

City State Zip Code  
**LANCASTER OH 43130-8703**

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
**06 04 2007**

**Transaction ID: SA11A1.32717**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1002.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. C Kendall Miller, Mr</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2007	
Mailing Address <b>7350 Wakefield Ave</b>		<b>Transaction ID: SA11A1.32637</b>	
City State Zip Code <b>Reedley CA 93654</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>DUVAL COUNTY SCHOOL BOARD</b>	Occupation <b>TEACHER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>B. C K MOLD, MR</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 20 / 2007	
Mailing Address <b>1743 RIVER DR</b>		<b>Transaction ID: SA11A1.32763</b>	
City State Zip Code <b>NEW YORK NY 10024-1615</b>		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>C. H JOSEPH MOORE, MR</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007	
Mailing Address <b>PO BOX 5132</b>		<b>Transaction ID: SA11A1.32550</b>	
City State Zip Code <b>SUN CITY WEST AZ 85376</b>		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>MEDICAL ASSURANCE INC</b>	Occupation <b>MARKETING</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) MRS CAROLINE MORGAN		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7	
Mailing Address 140 WILSON DR		<b>Transaction ID:</b> SA11A1.32602	
City <b>LANCASTER</b>	State PA	Zip Code 17603	Amount of Each Receipt this Period 205.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MR P MOYER		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address 53 FOX RUN RD		<b>Transaction ID:</b> SA11A1.32699	
City <b>NEW CANAAN</b>	State CT	Zip Code 06840-2820	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation FED CIVIL SER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b> Full Name (Last, First, Middle Initial) F SUSAN MUIRHEAAD, MRS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address PO BOX 627		<b>Transaction ID:</b> SA11A1.32042	
City <b>WEST LIBERTY</b>	State OH	Zip Code 43357-0627	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer E J REIMANN COMPANY	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	705.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
J ROBERT MURPHY, MR

Mailing Address PO BOX 472

City JACKSON State NH Zip Code 03846-0472

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
06 / 27 / 2007

Transaction ID: SA11A1.32458

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
MR RICHARD NOWAK

Mailing Address 829 ENCANADA DR

City LEWISVILLE State TX Zip Code 75077

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

Name of Employer ELK CORP. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
06 / 27 / 2007

Transaction ID: SA11A1.32682

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MS JOAN O'DONNELL

Mailing Address 820 STEELE DR

City BREA State CA Zip Code 92821

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

Name of Employer CONTIENTAL PAPER Occupation OUTSIDE SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
06 / 11 / 2007

Transaction ID: SA11A1.31470

Amount of Each Receipt this Period  
90.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>540.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MS JOAN O'DONNELL

Mailing Address 820 STEELE DR

City State Zip Code  
**BREA CA 92821**

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

Name of Employer Occupation  
CONTIENTAL PAPER OUTSIDE SALES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 28 / 2007**

**Transaction ID: SA11A1.31471**

Amount of Each Receipt this Period  
**90.00**

**B.** Full Name (Last, First, Middle Initial)  
P RAY ODEN, M

Mailing Address 702 THORA BLVD

City State Zip Code  
**SHREVPOR LA 71106**

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

Name of Employer Occupation  
SELF-EMPLOYED CONSTRUCTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 27 / 2007**

**Transaction ID: SA11A1.32754**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
P RAY ODEN, M

Mailing Address 702 THORA BLVD

City State Zip Code  
**SHREVPOR LA 71106**

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

Name of Employer Occupation  
SELF-EMPLOYED CONSTRUCTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 18 / 2007**

**Transaction ID: SA11A1.32719**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1590.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MS ANNE OGAN**

Mailing Address **3201 ENTERPRISE PKWY STE 320**

City **BEACHWOOD** State **OH** Zip Code **44122-5638**

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

Name of Employer **THE PROPER ANALYSIS CORPORATION** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	7

**Transaction ID: SA11A1.32639**

Amount of Each Receipt this Period  

								250.00
--	--	--	--	--	--	--	--	--------

**B.** Full Name (Last, First, Middle Initial)  
**DR & MRS PETER PACKARD**

Mailing Address **8346 REEF CT**

City **HILLSBOROUGH** State **CA** Zip Code **94010**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

**Transaction ID: SA11A1.30586**

Amount of Each Receipt this Period  

								50.00
--	--	--	--	--	--	--	--	-------

**C.** Full Name (Last, First, Middle Initial)  
**DR & MRS PETER PACKARD**

Mailing Address **8346 REEF CT**

City **HILLSBOROUGH** State **CA** Zip Code **94010**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	2	/	2	0	0	7

**Transaction ID: SA11A1.30587**

Amount of Each Receipt this Period  

								50.00
--	--	--	--	--	--	--	--	-------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**DR & MRS PETER PACKARD**

Mailing Address **8346 REEF CT**

City **HILLSBOROUGH** State **CA** Zip Code **94010**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	0	/	2	0	0	7

**Transaction ID: SA11A1.30588**

Amount of Each Receipt this Period  

50.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**W Richard Pascoe, Mr**

Mailing Address **PO Box 86**

City **Elk Rapids** State **MI** Zip Code **49629-0086**

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

Name of Employer **CRESCENT TECHNOLOGY INC** Occupation **ENGINEER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

**Transaction ID: SA11A1.32353**

Amount of Each Receipt this Period  

115.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**U GEORGE PAULDING, MR**

Mailing Address **211 DEVONWOOD DR**

City **ST SIMONS ISLAND** State **GA** Zip Code **31522**

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

Name of Employer **SELF** Occupation **SELF EMPLOYED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	0	7

**Transaction ID: SA11A1.32082**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD PEACOCK</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address <b>2325 14TH AVE</b>		<b>Transaction ID: SA11A1.32684</b>	
City <b>MOLINE</b>	State <b>IL</b>	Zip Code <b>61265</b>	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. S PHILLIP PETERSON, MR</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2007	
Mailing Address <b>11193 NE 8TH COURT</b>		<b>Transaction ID: SA11A1.32742</b>	
City <b>BISCAYNE PARK</b>	State <b>FL</b>	Zip Code <b>33161</b>	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF	Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.00		

Full Name (Last, First, Middle Initial) <b>C. May Anna Phillips, Mrs</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address <b>770 Goodlette Rd N Apt 221</b>		<b>Transaction ID: SA11A1.32563</b>	
City <b>Naples</b>	State <b>FL</b>	Zip Code <b>34102</b>	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
M ARTHUR PHILLIPS, MR

Mailing Address 1732 SW MONARCH CLUB DR

City State Zip Code  
**PALM CITY FL 34990**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 25 / 2007**

**Transaction ID: SA11A1.27741**

Amount of Each Receipt this Period  
**30.00**

**B.** Full Name (Last, First, Middle Initial)  
A RICHARD PIEHL, MR & MRS

Mailing Address PO BOX 245

City State Zip Code  
**GAYS MILLS WI 54631**

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

Name of Employer Occupation  
RETIRED 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  
**06 / 15 / 2007**

**Transaction ID: SA11A1.32096**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
G KAY POITRAS, MRS

Mailing Address 27 B MOORE RD

City State Zip Code  
**HAINES CITY FL 33844**

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 06 / 2007**

**Transaction ID: SA11A1.32640**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 163		
	<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

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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR THOMAS POPE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 1226 GOODWIN AVE		<b>Transaction ID: SA11A1.32102</b>	
City State Zip Code CHARLOTTE NC 28205	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CRESCENT TECHNOLOGY INC	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. MR THOMAS POPE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address 1226 GOODWIN AVE		<b>Transaction ID: SA11A1.32103</b>	
City State Zip Code CHARLOTTE NC 28205	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CRESCENT TECHNOLOGY INC	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. MR THOMAS POPE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 1226 GOODWIN AVE		<b>Transaction ID: SA11A1.32104</b>	
City State Zip Code CHARLOTTE NC 28205	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CRESCENT TECHNOLOGY INC	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 163		
	<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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DR TIMOTHY POSER</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7	
Mailing Address 2070 LA CHANDELLE CT		<b>Transaction ID: SA11A1.32642</b>	
City BROOKFIELD	State WI	Zip Code 53045	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. MS ELIZABETH QUINLAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 10855 GLENWOOD ST		<b>Transaction ID: SA11A1.32119</b>	
City SHAWNEE MISSION	State KS	Zip Code 66211	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00		

Full Name (Last, First, Middle Initial) <b>C. MS ELIZABETH QUINLAN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7	
Mailing Address 10855 GLENWOOD ST		<b>Transaction ID: SA11A1.26722</b>	
City SHAWNEE MISSION	State KS	Zip Code 66211	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 313.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	375.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr William Rankin

Mailing Address 220 N Dithridge St

City State Zip Code  
Pittsburgh PA 15213

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 7

**Transaction ID:** SA11A1.32700

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
MRS TED RAZOOK

Mailing Address 5150 E COPA DE ORO DR

City State Zip Code  
ANAHEIM CA 92807

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 7

**Transaction ID:** SA11A1.32721

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
E T REILLY, MR

Mailing Address 8877 PICKWICK DR

City State Zip Code  
INIDANAPOLIS IN 46260

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

Name of Employer Occupation  
Self-Employed Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 8 / 2 0 0 7

**Transaction ID:** SA11A1.32463

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT RHEIN

Mailing Address 7265 KENWOOD RD STE 220

City State Zip Code  
CINCINNATI OH 45236

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

Name of Employer Occupation  
SELF-INVESTOR SELF-INVESTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2007

Transaction ID: SA11A1.32136

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MR LUNS RICHARDSON, JR

Mailing Address 226 DASTER ST

City State Zip Code  
NORWALK CT 40336

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

Name of Employer Occupation  
RICHARDSON PROPERTIES LLG DIRECTOR OF SMALL COMPANIES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2007

Transaction ID: SA11A1.32756

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
A JOHN RIEDINGER, MR

Mailing Address 4801 18TH ST

City State Zip Code  
LUBBOCK TX 79416-5607

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

Transaction ID: SA11A1.32723

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. DR LEONARD RITZMANN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address <b>32200 SW FRENCH PRAIRIE DR APT</b>		<b>Transaction ID: SA11A1.32686</b>
City <b>WILSONVILLE</b>	State <b>OR</b>	Zip Code <b>97070</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MR &amp; MRS REED ROBBINS</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address <b>13221 SUXEDO CT STE A</b>		<b>Transaction ID: SA11A1.32725</b>
City <b>STOCKTON</b>	State <b>CA</b>	Zip Code <b>95204</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. F B RODGERS, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address <b>6264 SAN FELIPE ST</b>		<b>Transaction ID: SA11A1.32614</b>
City <b>HOUSTON</b>	State <b>TX</b>	Zip Code <b>77057</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1025.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
F B RODGERS, MR

Mailing Address **6264 SAN FELIPE ST**

City **HOUSTON** State **TX** Zip Code **77057**

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

Name of Employer **RETIRED** 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
0	2	/	0	2	/	2	0	0	7

**Transaction ID: SA11A1.24401**

Amount of Each Receipt this Period  

20.00
-------

**B.** Full Name (Last, First, Middle Initial)  
F B RODGERS, MR

Mailing Address **6264 SAN FELIPE ST**

City **HOUSTON** State **TX** Zip Code **77057**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	7

**Transaction ID: SA11A1.24402**

Amount of Each Receipt this Period  

20.00
-------

**C.** Full Name (Last, First, Middle Initial)  
P CHRISTOPHER RODGERS, MR & MRS

Mailing Address **555 PALM WAY**

City **GULF STREAM** State **FL** Zip Code **33483-7330**

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

Name of Employer **IMS RECYCLING-SERVICES IN** Occupation **V P SEC/TREAS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

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

**Transaction ID: SA11A1.32695**

Amount of Each Receipt this Period  

375.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>415.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. O LYNN ROHDE, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 400 H HWY A1A LOT 71		<b>Transaction ID: SA11A1.32570</b>	
City State Zip Code JUPITER FL 33477-4502	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KERN CO DIST ATT OFFICE	Occupation INVESTIGATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>B. O LYNN ROHDE, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 7	
Mailing Address 400 H HWY A1A LOT 71		<b>Transaction ID: SA11A1.31248</b>	
City State Zip Code JUPITER FL 33477-4502	Amount of Each Receipt this Period 66.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KERN CO DIST ATT OFFICE	Occupation INVESTIGATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 386.00		

Full Name (Last, First, Middle Initial) <b>C. O LYNN ROHDE, MR</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 7	
Mailing Address 400 H HWY A1A LOT 71		<b>Transaction ID: SA11A1.32152</b>	
City State Zip Code JUPITER FL 33477-4502	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer KERN CO DIST ATT OFFICE	Occupation INVESTIGATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 486.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	366.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. O LYNN ROHDE, MR</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 04 / 2007	
Mailing Address 400 H HWY A1A LOT 71		<b>Transaction ID: SA11A1.32726</b>	
City State Zip Code JUPITER FL 33477-4502		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation KERN CO DIST ATT OFFICE INVESTIGATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 986.00	

Full Name (Last, First, Middle Initial) <b>B. MR &amp; MRS LESLIE ROSE</b>		Date of Receipt M M / D D / Y Y Y Y Y 01 / 19 / 2007	
Mailing Address 330 S OCEAN BLVD APT 3B		<b>Transaction ID: SA11A1.32643</b>	
City State Zip Code PALM BEACH FL 33480		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation US ARMY RET			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. C JACK ROSENAU, MT./SGT.</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2007	
Mailing Address 1177 OLD FORT DRIVE		<b>Transaction ID: SA11A1.30707</b>	
City State Zip Code TALLAHASSEE FL 32301-4663		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Retired Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ms Dawn Rosenvige</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2007	
Mailing Address 700 Westwood Ave		<b>Transaction ID: SA11A1.31126</b>	
City State Zip Code Lodi CA 95242-2459	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. S NANCY SAMPSON, MS</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address 9614 PARKWOOD CT		<b>Transaction ID: SA11A1.32687</b>	
City State Zip Code FORT MYERS FL 33908	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer WWII VET	Occupation DISABLED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT SCHADT</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2007	
Mailing Address 109 N KEENE ST APT 333		<b>Transaction ID: SA11A1.32169</b>	
City State Zip Code COLUMIBA MO 65201	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF EMPLOYED	Occupation SELF EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	460.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT SCHADT

Mailing Address 109 N KEENE ST APT 333

City State Zip Code  
COLUMIBA MO 65201

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

Name of Employer Occupation  
SELF EMPLOYED SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 383.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.32170

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MRS ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.32728

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ELIZABETH SCHAFFER

Mailing Address 610 1ST ST

City State Zip Code  
CORONADO CA 92118

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.32729

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR WESLEY SCHOBBER**

Mailing Address **422 W LOCUST LN**

City **NAMPA** State **ID** Zip Code **83686**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	7

**Transaction ID: SA11A1.32182**

Amount of Each Receipt this Period  

100.00
--------

**B.** Full Name (Last, First, Middle Initial)  
**MR RICK SCHROEDER**

Mailing Address **6081 CLIFF LN**

City **TEMPLE** State **TX** Zip Code **76502-6559**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

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

**Transaction ID: SA11A1.32730**

Amount of Each Receipt this Period  

500.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**MS SARAH SCOTT**

Mailing Address **701 W HERBERT AVE APT 53**

City **REEDLEY** State **CA** Zip Code **93654**

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

Name of Employer **ENTERPRISE PRODUCTS CO** Occupation **MANAGEMENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	7

**Transaction ID: SA11A1.31424**

Amount of Each Receipt this Period  

75.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>675.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MS SARAH SCOTT

Mailing Address 701 W HERBERT AVE APT 53

City State Zip Code  
**REEDLEY CA 93654**

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

Name of Employer Occupation  
ENTERPRISE PRODUCTS CO MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 25 / 2007**

**Transaction ID: SA11A1.26907**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
A Edwin Seipp, Mr

Mailing Address 49 Tuscaloosa Ave

City State Zip Code  
**Atherton CA 94027-4014**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 04 / 2007**

**Transaction ID: SA11A1.32573**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
MR RAYMOND SIBLEY

Mailing Address 632 8TH ST SW

City State Zip Code  
**ROCHESTER MN 55902-6331**

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

Name of Employer Occupation  
AMER.BUSINESS FIN'L. SERV TECH. RECRUITER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **299.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 19 / 2007**

**Transaction ID: SA11A1.32574**

Amount of Each Receipt this Period  
**200.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) H Allen Simon, Mr Mailing Address 1383 N Criss St City Chandler State AZ Zip Code 85226-1307 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.32644 Amount of Each Receipt this Period 250.00
Name of Employer: RETIRED Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		

<b>B.</b> Full Name (Last, First, Middle Initial) MARVIN J SMITH Mailing Address 337 GENERAL BRADLEY ST NE City ALBUQUERQUE State NM Zip Code 87123 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.32226 Amount of Each Receipt this Period 100.00
Name of Employer: SELF EMPLOYED Occupation: SELF EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.00		

<b>C.</b> Full Name (Last, First, Middle Initial) MR RANKIN SMITH, JR Mailing Address 8882 BROOKMEADE ST N W City THOMASVILLE State GA Zip Code 31757 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.32615 Amount of Each Receipt this Period 230.00
Name of Employer: RETIRED Occupation: RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>580.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
H Ray Smith, COL

Mailing Address 228 Lakeside Cir

City State Zip Code  
Greenville SC 29615

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: SA11A1.32731

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
B William Snyder, Mr

Mailing Address 555 5th Ave NE

City State Zip Code  
Saint Petersburg FL 33701-2655

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

Transaction ID: SA11A1.32645

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
V LEO STAVENICK, MR

Mailing Address 100 STONE HILL RD APT B8

City State Zip Code  
SPRINGFIELD NJ 64055

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: SA11A1.32694

Amount of Each Receipt this Period  
350.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT STELLE

Mailing Address PO BOX 19051

City State Zip Code  
COLORADO CITY CO 81019

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

Name of Employer Retired Occupation  
RETIRED MEDICAL SCHOOL PROFESSOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
213.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.31430

Amount of Each Receipt this Period  
75.00

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

Mailing Address 811 MORNINGSTAR DR

City State Zip Code  
FULLERTON CA 92835

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

Name of Employer RETIRED Occupation  
RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.32252

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MRS NANCY JAMES STILLWAGON

Mailing Address 60 MONTGOMERY DR UNTI 1

City State Zip Code  
CANFIELD OH 44406-1218

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

Name of Employer RETIRED Occupation  
RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.32471

Amount of Each Receipt this Period  
150.00

**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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR & MRS ADA STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.32688

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
MR & MRS ADA STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA11A1.30848

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
MR & MRS ADA STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.31261

Amount of Each Receipt this Period  
66.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	416.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR & MRS ADA STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
465.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.29661

Amount of Each Receipt this Period  
49.50

**B.** Full Name (Last, First, Middle Initial)  
MR & MRS ADA STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
765.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.32689

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS. MADGE L. STRETTON

Mailing Address 28 ANDREWS AVE

City State Zip Code  
SOUTH BURLINGTON VT 05403-7813

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.32691

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>649.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR SHERWIN TERRY

Mailing Address 301 TIDE POINT WAY

City State Zip Code  
HILTON HEAD ISLAND SC 29928

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.32605

Amount of Each Receipt this Period  
210.00

**B.** Full Name (Last, First, Middle Initial)  
MR SHERWIN TERRY

Mailing Address 301 TIDE POINT WAY

City State Zip Code  
HILTON HEAD ISLAND SC 29928

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.31128

Amount of Each Receipt this Period  
60.00

**C.** Full Name (Last, First, Middle Initial)  
C Jack Threet, Mrs

Mailing Address 14 Edinburgh Cir

City State Zip Code  
Pagosa Springs CO 81147-8916

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

Name of Employer Occupation  
SELF EMPLOYED CONSULTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.32646

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. B JAMES TOWNSEND, MR</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007	
Mailing Address <b>2938 DIMRILL STAIR</b>		<b>Transaction ID: SA11A1.32693</b>	
City <b>MANHATTAN</b>	State <b>KS</b>	Zip Code <b>66503</b>	Amount of Each Receipt this Period 325.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>VETERINARIAN</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 391.00		

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD TRACY</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2007	
Mailing Address <b>2407 265TH ST</b>		<b>Transaction ID: SA11A1.29667</b>	
City <b>PERU</b>	State <b>IA</b>	Zip Code <b>50222</b>	Amount of Each Receipt this Period 49.50
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>REALTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 232.50		

Full Name (Last, First, Middle Initial) <b>C. MR RICHARD TRACY</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 17 / 2007	
Mailing Address <b>2407 265TH ST</b>		<b>Transaction ID: SA11A1.27138</b>	
City <b>PERU</b>	State <b>IA</b>	Zip Code <b>50222</b>	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>REALTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	399.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD TRACY

Mailing Address 2407 265TH ST

City PERU State IA Zip Code 50222

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

Name of Employer SELF EMPLOYED Occupation REALTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.50

Date of Receipt  
04 / 30 / 2007

Transaction ID: SA11A1.30886

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR RICHARD TRACY

Mailing Address 2407 265TH ST

City PERU State IA Zip Code 50222

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

Name of Employer SELF EMPLOYED Occupation REALTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 407.50

Date of Receipt  
05 / 10 / 2007

Transaction ID: SA11A1.32273

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICHARD TRACY

Mailing Address 2407 265TH ST

City PERU State IA Zip Code 50222

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

Name of Employer SELF EMPLOYED Occupation REALTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.50

Date of Receipt  
05 / 16 / 2007

Transaction ID: SA11A1.28784

Amount of Each Receipt this Period  
33.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 163
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**BLACK AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD TRACY</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2407 265TH ST		<b>Transaction ID: SA11A1.29224</b>	
City PERU	State IA	Zip Code 50222	Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer SELF EMPLOYED	Occupation REALTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.50		

Full Name (Last, First, Middle Initial) <b>B. MRS. EDGAR UIHLEIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7	
Mailing Address P O BOX 659		<b>Transaction ID: SA11A1.32739</b>	
City LAKE BLUFF	State IL	Zip Code 60044	Amount of Each Receipt this Period 520.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>C. MRS. EDGAR UIHLEIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address P O BOX 659		<b>Transaction ID: SA11A1.32732</b>	
City LAKE BLUFF	State IL	Zip Code 60044	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1055.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) K Calvin Upp, Mr Mailing Address 212 N Elm St City Wellington State KS Zip Code 67152 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2007 <b>Transaction ID: SA11A1.30897</b> Amount of Each Receipt this Period 50.00
Name of Employer RETIRED Occupation RET Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>B.</b> Full Name (Last, First, Middle Initial) S SARAH UZZELL RINDLAUB, MS Mailing Address 8441 SE 68TH ST # 217 City MERCER ISLAND State WA Zip Code 98040-5235 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2007 <b>Transaction ID: SA11A1.32648</b> Amount of Each Receipt this Period 250.00
Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) R WILLIAM VIVIAN, MR Mailing Address 955 HARPERSVILLE RD APT 3043 City NEWPORT NEWS State VA Zip Code 23601-1261 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007 <b>Transaction ID: SA11A1.30920</b> Amount of Each Receipt this Period 50.00
Name of Employer RETIRED Occupation RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
R WILLIAM VIVIAN, MR

Mailing Address 955 HARPERSVILLE RD APT 3043

City State Zip Code  
NEWPORT NEWS VA 23601-1261

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: SA11A1.31139

Amount of Each Receipt this Period  
65.00

**B.** Full Name (Last, First, Middle Initial)  
MR JARMILA VRANA

Mailing Address 631 CHADBOURNE AVE

City State Zip Code  
MILLBRAE CA 94030

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

Name of Employer Occupation  
SELF EMPLOYED PROPERTY MANAGE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2007

Transaction ID: SA11A1.32281

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
MR JARMILA VRANA

Mailing Address 631 CHADBOURNE AVE

City State Zip Code  
MILLBRAE CA 94030

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

Name of Employer Occupation  
SELF EMPLOYED PROPERTY MANAGE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2007

Transaction ID: SA11A1.30930

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR. FLOYD WALSWORTH

Mailing Address PO BOX 33742

City GRAND RAPIDS State MI Zip Code 49525

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 13 / 2007

Transaction ID: SA11A1.32292

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
H JOHN WARE, MR

Mailing Address 209 DELAWARE AVE  
PO BOX 341

City OXFORD State PA Zip Code 19363

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

Name of Employer SELF EMPLOYED Occupation PEST CONTROL

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 08 / 2007

Transaction ID: SA11A1.32692

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
H JOHN WARE, MR

Mailing Address 209 DELAWARE AVE  
PO BOX 341

City OXFORD State PA Zip Code 19363

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

Name of Employer SELF EMPLOYED Occupation PEST CONTROL

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 31 / 2007

Transaction ID: SA11A1.32293

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
H JOHN WARE, MR

Mailing Address 209 DELAWARE AVE  
PO BOX 341

City OXFORD State PA Zip Code 19363

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

Name of Employer SELF EMPLOYED Occupation PEST CONTROL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 466.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2007

Transaction ID: SA11A1.31275

Amount of Each Receipt this Period  
66.00

**B.** Full Name (Last, First, Middle Initial)  
H JOHN WARE, MR

Mailing Address 209 DELAWARE AVE  
PO BOX 341

City OXFORD State PA Zip Code 19363

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

Name of Employer SELF EMPLOYED Occupation PEST CONTROL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 566.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2007

Transaction ID: SA11A1.32294

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
H JOHN WARE, MR

Mailing Address 209 DELAWARE AVE  
PO BOX 341

City OXFORD State PA Zip Code 19363

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

Name of Employer SELF EMPLOYED Occupation PEST CONTROL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2007

Transaction ID: SA11A1.32295

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	266.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MRS JANE WARNOCK</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address <b>309 MIDVALE TER</b>		<b>Transaction ID: SA11A1.31131</b>	
City State Zip Code <b>SEBASTIAN FL 32958-6615</b>		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>		Occupation <b>HOMEMAKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.00	

Full Name (Last, First, Middle Initial) <b>B. MRS JANE WARNOCK</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address <b>309 MIDVALE TER</b>		<b>Transaction ID: SA11A1.31434</b>	
City State Zip Code <b>SEBASTIAN FL 32958-6615</b>		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>		Occupation <b>HOMEMAKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 318.00	

Full Name (Last, First, Middle Initial) <b>C. MRS JANE WARNOCK</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address <b>309 MIDVALE TER</b>		<b>Transaction ID: SA11A1.32649</b>	
City State Zip Code <b>SEBASTIAN FL 32958-6615</b>		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>		Occupation <b>HOMEMAKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 568.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	385.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. MRS JANE WARNOCK</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address <b>309 MIDVALE TER</b>		<b>Transaction ID: SA11A1.32696</b>	
City <b>SEBASTIAN</b>	State <b>FL</b>	Amount of Each Receipt this Period 375.00	
Zip Code <b>32958-6615</b>		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>HOMEMAKER</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 943.00			

Full Name (Last, First, Middle Initial) <b>B. MRS JANE WARNOCK</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address <b>309 MIDVALE TER</b>		<b>Transaction ID: SA11A1.31459</b>	
City <b>SEBASTIAN</b>	State <b>FL</b>	Amount of Each Receipt this Period 80.00	
Zip Code <b>32958-6615</b>		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>HOMEMAKER</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1023.00			

Full Name (Last, First, Middle Initial) <b>C. MR LEROY WEBER, JR</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address <b>PO BOX 423</b>		<b>Transaction ID: SA11A1.32588</b>	
City <b>RIO VISTA</b>	State <b>CA</b>	Amount of Each Receipt this Period 200.00	
Zip Code <b>94571</b>		FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	655.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR LEROY WEBER, JR

Mailing Address PO BOX 423

City State Zip Code  
RIO VISTA CA 94571

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
05 / 25 / 2007

Transaction ID: SA11A1.32733

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
K DEAN WEBSTER, MR

Mailing Address 3959 SAN ROCCO DR UNIT 622

City State Zip Code  
PUNTA GORDA FL 33950

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

Name of Employer Occupation  
US POSTAL SERVICE MAIL CARRIER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 18 / 2007

Transaction ID: SA11A1.32734

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
W THOMAS WEIR, MR

Mailing Address 15067 BEACON RIDGE DR

City State Zip Code  
SENECA SC 29678

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

Name of Employer Occupation  
SQUARE D'CO. ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
06 / 27 / 2007

Transaction ID: SA11A1.27255

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1025.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 97 / 163  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
W THOMAS WEIR, MR

Mailing Address 15067 BEACON RIDGE DR

City State Zip Code  
SENECA SC 29678

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

Name of Employer Occupation  
SQUARE D CO. ENGINEER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2007

Transaction ID: SA11A1.27256

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT WELCHLI

Mailing Address 348 PROVENCAL RD

City State Zip Code  
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 27 / 2007

Transaction ID: SA11A1.32391

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT WELCHLI

Mailing Address 348 PROVENCAL RD

City State Zip Code  
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 11 / 2007

Transaction ID: SA11A1.32392

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 265.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR ROBERT WELCHLI

Mailing Address 348 PROVENAL RD

City State Zip Code  
GROSSE POINTE FARM MI 48236

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2007

Transaction ID: SA11A1.32393

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
K MARSHALL WELLS, MR

Mailing Address 1424 GALLOWAY DR

City State Zip Code  
WOODSTOCK IL 60098-8079

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2007

Transaction ID: SA11A1.32736

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6 BROOKINGTON CT

City State Zip Code  
BRIDGETON MO 63044-2867

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2007

Transaction ID: SA11A1.32299

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>720.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs Virginia Wheeler

Mailing Address PO Box 217

City State Zip Code  
**Morehead KY 40351**

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**05 / 23 / 2007**

**Transaction ID: SA11A1.32591**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
J L Whitmeyer, Mrs

Mailing Address HC 1 Box 110

City State Zip Code  
**Colmesneil TX 75938-9704**

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

Name of Employer Occupation  
RETIRED 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  
**01 / 05 / 2007**

**Transaction ID: SA11A1.32650**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
N ROBERT WHITTEMORE, MR

Mailing Address 1814 MIDDLEBURY RD  
PO BOX 827

City State Zip Code  
**MIDDLEBURY CT 31406**

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

Name of Employer Occupation  
BROWN & BIGELOW SALES REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**06 / 25 / 2007**

**Transaction ID: SA11A1.32479**

Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
MR WILLIAM WILFONG

Mailing Address 764 N WASHINGTON ST

City RUTHERFORDTON State NC Zip Code 28139-2480

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 396.39

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2007

Transaction ID: SA11A1.32651

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
K HENRY WILLARD, MR

Mailing Address PO BOX 3269

City SHEOHERDSTOWN State WV Zip Code 25443-3269

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

Name of Employer HOOPER CORP Occupation GENERAL FOREMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2007

Transaction ID: SA11A1.32653

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MR. BURCH WILLIAMS

Mailing Address 153 LAUREL GROVE RD

City BRUNSWICK State GA Zip Code 31523-7025

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2007

Transaction ID: SA11A1.32655

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. LEE JOHN WINTERS, MR</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address <b>4724 S HAZELTON LN</b>		<b>Transaction ID: SA11A1.32321</b>	
City <b>TEMPE</b>	State <b>AZ</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>85282-7336</b>		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00		

Full Name (Last, First, Middle Initial) <b>B. L AGNES WOLFF, MRS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 10 / 2007	
Mailing Address <b>4939 S DIXIE HWY</b>		<b>Transaction ID: SA11A1.32592</b>	
City <b>CRIDERSVILLE</b>	State <b>OH</b>	Amount of Each Receipt this Period 200.00	
Zip Code <b>45806-1819</b>		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NOVARDIS PHARMACEUDICALS	Occupation SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00		

Full Name (Last, First, Middle Initial) <b>C. L AGNES WOLFF, MRS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 25 / 2007	
Mailing Address <b>4939 S DIXIE HWY</b>		<b>Transaction ID: SA11A1.27874</b>	
City <b>CRIDERSVILLE</b>	State <b>OH</b>	Amount of Each Receipt this Period 30.00	
Zip Code <b>45806-1819</b>		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NOVARDIS PHARMACEUDICALS	Occupation SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	330.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	330.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. L AGNES WOLFF, MRS</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address <b>4939 S DIXIE HWY</b>		<b>Transaction ID: SA11A1.32656</b>	
City <b>CRIDERSVILLE</b>	State <b>OH</b>	Amount of Each Receipt this Period 250.00	
Zip Code <b>45806-1819</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>NOVARDIS PHARMACEUTICALS</b>	Occupation <b>SALES</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00		

Full Name (Last, First, Middle Initial) <b>B. E KENNETH WRIGHT, MR</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 31 / 2007	
Mailing Address <b>3527 ROTARY RD</b>		<b>Transaction ID: SA11A1.32326</b>	
City <b>ROCKFORD</b>	State <b>IL</b>	Amount of Each Receipt this Period 100.00	
Zip Code <b>61109-5061</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

Full Name (Last, First, Middle Initial) <b>C. F LARRY WRIGHT, MR</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address <b>PO BOX 300</b>		<b>Transaction ID: SA11A1.32497</b>	
City <b>LONDON</b>	State <b>TX</b>	Amount of Each Receipt this Period 199.00	
Zip Code <b>76854</b>			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>INTER-CHEM</b>	Occupation <b>EXECUTIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	549.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 163
	<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 AMERICA'S POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MR KENNETH WUERFELE**

Mailing Address **P O BOX 977**

City **CAMAS** State **WA** Zip Code **98607**

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

Name of Employer **KIMBERLY CLARK** Occupation **PAPER MANUFACTU**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	8	/	2	0	0	7

**Transaction ID: SA11A1.31442**

Amount of Each Receipt this Period  

75.00
-------

**B.** Full Name (Last, First, Middle Initial)  
**G Donald Wyatt, Mr**

Mailing Address **102 Lancaster Ct**

City **Charlottesville** State **VA** Zip Code **22901-2218**

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

Name of Employer **Self-Employed** Occupation **Construction**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	0	7

**Transaction ID: SA11A1.32399**

Amount of Each Receipt this Period  

125.00
--------

**C.** Full Name (Last, First, Middle Initial)  
**MR RICHARD ZENTMIRE**

Mailing Address **1021 LEXINGTON AVE**

City **SCHENECTADY** State **NY** Zip Code **12309-5601**

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

Name of Employer **RETIRED** 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
0	4	/	0	9	/	2	0	0	7

**Transaction ID: SA11A1.32335**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 / 163
	(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 AMERICA'S POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR RICHARD ZENTMIRE

Mailing Address 1021 LEXINGTON AVE

City State Zip Code  
SCHENECTADY NY 12309-5601

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 08 / 2007

Transaction ID: SA11A1.31041

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MR BRIAN ZENTNER

Mailing Address RR 2 BOX 285B

City State Zip Code  
RIDGECREST CA 93555

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

Name of Employer Occupation  
SELF-EMPLOYED CONTRACTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 24 / 2007

Transaction ID: SA11A1.32703

Amount of Each Receipt this Period  
470.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	520.00
<b>TOTAL</b> This Period (last page this line number only) .....	68047.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 163

<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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Aaron Shrout</b>		<b>Transaction ID: SB21B.21868</b>	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 01 / 11 / 2007	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period <b>1078.95</b>
Purpose of Disbursement Salary Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aaron Shrout</b>		<b>Transaction ID: SB21B.21869</b>	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 02 / 15 / 2007	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period <b>1078.95</b>
Purpose of Disbursement Salary Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Aaron Shrout</b>		<b>Transaction ID: SB21B.21870</b>	
Mailing Address 5850 Cameron Run		Date of Disbursement MM / DD / YYYY 03 / 15 / 2007	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period <b>1078.95</b>
Purpose of Disbursement Salary Expense		Category/ Type	
Candidate Name			
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) .....	<b>3236.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 163

<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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Aaron Shrout</b>		<b>Transaction ID: SB21B.21871</b>	
Mailing Address 5850 Cameron Run		Date of Disbursement 04 / 13 / 2007	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Aaron Shrout</b>		<b>Transaction ID: SB21B.21872</b>	
Mailing Address 5850 Cameron Run		Date of Disbursement 05 / 15 / 2007	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Aaron Shrout</b>		<b>Transaction ID: SB21B.21873</b>	
Mailing Address 5850 Cameron Run		Date of Disbursement 06 / 15 / 2007	
City Alexandria	State VA	Zip Code 22303	Amount of Each Disbursement this Period 1078.95
Purpose of Disbursement Salary Expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

**3236.85**

**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)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21874 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="01"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="3334.99"/>	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.32781 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="01"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Postage & Lettershop Services - Generic	<input type="text" value="3000.28"/>	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21875 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="3207.81"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9543.08"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.21876																					
<b>A. Advance Mailing Services</b>		Date of Disbursement																					
Mailing Address 2600 Temple Heights Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	2		2	0	0	7														
City Oceanside State CA Zip Code 92056		Amount of Each Disbursement this Period																					
Purpose of Disbursement Lettershop & Printshop Fees- Generic		<table border="1"> <tr> <td colspan="10">4051.68</td> </tr> </table>		4051.68																			
4051.68																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.21877																					
<b>B. Advance Mailing Services</b>		Date of Disbursement																					
Mailing Address 2600 Temple Heights Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	7														
City Oceanside State CA Zip Code 92056		Amount of Each Disbursement this Period																					
Purpose of Disbursement Lettershop & Printshop Fees- Generic		<table border="1"> <tr> <td colspan="10">5750.00</td> </tr> </table>		5750.00																			
5750.00																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.21879																					
<b>C. Advance Mailing Services</b>		Date of Disbursement																					
Mailing Address 2600 Temple Heights Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
City Oceanside State CA Zip Code 92056		Amount of Each Disbursement this Period																					
Purpose of Disbursement Lettershop & Printshop Fees- Generic		<table border="1"> <tr> <td colspan="10">5440.26</td> </tr> </table>		5440.26																			
5440.26																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																					
State: District:		<input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>15241.94</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

**A. Advance Mailing Services**

Mailing Address 2600 Temple Heights Drive

City Oceanside State CA Zip Code 92056

Purpose of Disbursement  
Lettershop & Printshop Fees- Generic

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.21881

Date of Disbursement

04 / 13 / 2007

Amount of Each Disbursement this Period

3902.15

**B. Advance Mailing Services**

Mailing Address 2600 Temple Heights Drive

City Oceanside State CA Zip Code 92056

Purpose of Disbursement  
Lettershop & Printshop Fees- Generic

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.21882

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

8320.00

**C. Advance Mailing Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2600 Temple Heights Drive

City Oceanside State CA Zip Code 92056

Purpose of Disbursement  
Lettershop & Printshop Fees- Generic

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.21880

Date of Disbursement

04 / 28 / 2007

Amount of Each Disbursement this Period

1475.16

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

13697.31

**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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21883 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="1979.16"/>
Candidate Name		
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21884 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="05"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="4657.40"/>
Candidate Name		
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:	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21886 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="4485.73"/>
Candidate Name		
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:	Category/ Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="11122.29"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21887 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value=""/>	
Candidate Name	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:		
		Amount of Each Disbursement this Period <input type="text" value="6954.00"/>

Full Name (Last, First, Middle Initial) <b>B. Advance Mailing Services</b>		<b>Transaction ID:</b> SB21B.21888 Date of Disbursement
Mailing Address 2600 Temple Heights Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
City Oceanside	State CA	Zip Code 92056
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value=""/>	
Candidate Name	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:		
		Amount of Each Disbursement this Period <input type="text" value="3145.10"/>

Full Name (Last, First, Middle Initial) <b>C. Alvin Williams</b>		<b>Transaction ID:</b> SB21B.21856 Date of Disbursement
Mailing Address PO Box 8335		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City Silver Spring	State MD	Zip Code 20910
Purpose of Disbursement Salary Expense	<input type="text" value=""/>	
Candidate Name	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:		
		Amount of Each Disbursement this Period <input type="text" value="2793.96"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12893.06"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alvin Williams</b>		<b>Transaction ID: SB21B.21857</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21
City Silver Spring State MD Zip Code 20910	Category/ Type	
Purpose of Disbursement Salary Expense Candidate Name		
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alvin Williams</b>		<b>Transaction ID: SB21B.21858</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96
City Silver Spring State MD Zip Code 20910	Category/ Type	
Purpose of Disbursement Salary Expense Candidate Name		
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alvin Williams</b>		<b>Transaction ID: SB21B.21859</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21
City Silver Spring State MD Zip Code 20910	Category/ Type	
Purpose of Disbursement Salary Expense Candidate Name		
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) ..... ▶	9054.38
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alvin Williams</b>		<b>Transaction ID: SB21B.21860</b> Date of Disbursement 03 / 15 / 2007	
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary Expense Candidate Name	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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alvin Williams</b>		<b>Transaction ID: SB21B.21861</b> Date of Disbursement 03 / 30 / 2007	
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary Expense Candidate Name	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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alvin Williams</b>		<b>Transaction ID: SB21B.21862</b> Date of Disbursement 04 / 13 / 2007	
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary Expense Candidate Name	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) ..... ▶	<b>8718.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alvin Williams</b>		<b>Transaction ID: SB21B.21863</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7	
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary Expense Candidate Name	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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alvin Williams</b>		<b>Transaction ID: SB21B.21864</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary Expense Candidate Name	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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Alvin Williams</b>		<b>Transaction ID: SB21B.21865</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21	
City Silver Spring State MD Zip Code 20910	Purpose of Disbursement Salary Expense Candidate Name	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) ..... ▶	<b>9054.38</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Alvin Williams</b>		<b>Transaction ID: SB21B.21866</b> Date of Disbursement 06 / 15 / 2007
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 2793.96
City Silver Spring	State MD Zip Code 20910	
Purpose of Disbursement Salary Expense Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Alvin Williams</b>		<b>Transaction ID: SB21B.21867</b> Date of Disbursement 06 / 30 / 2007
Mailing Address PO Box 8335		Amount of Each Disbursement this Period 3130.21
City Silver Spring	State MD Zip Code 20910	
Purpose of Disbursement Salary Expense Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID: SB21B.21889</b> Date of Disbursement 01 / 11 / 2007
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 482.72
City Baltimore	State MD Zip Code 21265	
Purpose of Disbursement Telephone Expense Candidate Name		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) ..... ▶	6406.89
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.21890 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 478.96
City Baltimore State MD Zip Code 21265	Purpose of Disbursement Telephone Expense Candidate Name 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) ▼	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.21891 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 481.42
City Baltimore State MD Zip Code 21265	Purpose of Disbursement Telephone Expense Candidate Name 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) ▼	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.21892 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 479.73
City Baltimore State MD Zip Code 21265	Purpose of Disbursement Telephone Expense Candidate Name 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) ..... ▶	1440.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.21893 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 498.55
City Baltimore State MD Zip Code 21265	Purpose of Disbursement Telephone Expense Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.21894 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 495.92
City Baltimore State MD Zip Code 21265	Purpose of Disbursement Telephone Expense Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		<b>Transaction ID:</b> SB21B.21895 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 482.95
City Baltimore State MD Zip Code 21265	Purpose of Disbursement Telephone Expense Candidate Name	
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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1477.42
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Care First</b>		<b>Transaction ID:</b> SB21B.21896 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2644.00	
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Medical Insurance Candidate Name 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) ▼
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Care First</b>		<b>Transaction ID:</b> SB21B.21897 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7	
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2644.00	
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Medical Insurance Candidate Name 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) ▼
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Care First</b>		<b>Transaction ID:</b> SB21B.21898 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7	
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2644.00	
City Baltimore State MD Zip Code 21279	Purpose of Disbursement Medical Insurance Candidate Name 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) ▼
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7932.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Care First</b>		<b>Transaction ID:</b> SB21B.21899 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2652.00
City Baltimore State MD Zip Code 21279	Category/ Type	
Purpose of Disbursement Medical Insurance		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Care First</b>		<b>Transaction ID:</b> SB21B.21900 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2652.00
City Baltimore State MD Zip Code 21279	Category/ Type	
Purpose of Disbursement Medical Insurance		
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Care First</b>		<b>Transaction ID:</b> SB21B.21901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address PO Box 79749		Amount of Each Disbursement this Period 2652.00
City Baltimore State MD Zip Code 21279	Category/ Type	
Purpose of Disbursement Medical Insurance		
Candidate Name		
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) ..... ▶	7956.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		<b>Transaction ID:</b> SB21B.21904
Mailing Address 900 Michigan Avenue, NE		Date of Disbursement MM / DD / YYYY 03 / 02 / 2007
City Washington	State DC	Zip Code 20017-1833
Purpose of Disbursement Online & Cable Expense	Amount of Each Disbursement this Period 94.29	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		<b>Transaction ID:</b> SB21B.21905
Mailing Address 900 Michigan Avenue, NE		Date of Disbursement MM / DD / YYYY 04 / 13 / 2007
City Washington	State DC	Zip Code 20017-1833
Purpose of Disbursement Online & Cable Expense	Amount of Each Disbursement this Period 94.29	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		<b>Transaction ID:</b> SB21B.21906
Mailing Address 900 Michigan Avenue, NE		Date of Disbursement MM / DD / YYYY 05 / 02 / 2007
City Washington	State DC	Zip Code 20017-1833
Purpose of Disbursement Online & Cable Expense	Amount of Each Disbursement this Period 94.29	
Candidate Name	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) .....	<b>282.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		<b>Transaction ID:</b> SB21B.21907
Mailing Address 900 Michigan Avenue, NE		Date of Disbursement MM / DD / YYYY 06 / 02 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 94.29
Zip Code 20017-1833		
Purpose of Disbursement Online & Cable Expense		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Curtis Midkiff</b>		<b>Transaction ID:</b> SB21B.21908
Mailing Address 1001 3rd Street, SW, #412		Date of Disbursement MM / DD / YYYY 01 / 11 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 500.00
Zip Code 20024		
Purpose of Disbursement Newsletter Production		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21914
Mailing Address 44084 Riverside Parkway Suite 350		Date of Disbursement MM / DD / YYYY 01 / 24 / 2007
City Lansdowne	State VA	Amount of Each Disbursement this Period 1350.00
Zip Code 20176		
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type
Candidate Name		
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) .....	<b>1944.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21915 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="1050.00"/>
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21916 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="03"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="475.00"/>
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21917 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="04"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="450.00"/>
Candidate Name		
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1975.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21918 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value=""/>	
Candidate Name	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:		
		Amount of Each Disbursement this Period <input type="text" value="450.00"/>

Full Name (Last, First, Middle Initial) <b>B. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21919 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value=""/>	
Candidate Name	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:		
		Amount of Each Disbursement this Period <input type="text" value="2075.00"/>

Full Name (Last, First, Middle Initial) <b>C. Direct Concepts</b>		<b>Transaction ID:</b> SB21B.21920 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value=""/>	
Candidate Name	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:		
		Amount of Each Disbursement this Period <input type="text" value="1475.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Eberle Communications Inc.</b>		<b>Transaction ID: SB21B.21925</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 1420 Spring Hill Rd., Suite 49		Amount of Each Disbursement this Period 50.00
City McLean State VA Zip Code 22182	Purpose of Disbursement Online & Cable Expense Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		<b>Transaction ID: SB21B.21928</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 105.53
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Courier Expense Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Federal Express</b>		<b>Transaction ID: SB21B.21929</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 55.83
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Courier Expense Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	211.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		<b>Transaction ID:</b> SB21B.21930 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 88.02
City Memphis State TN Zip Code 38101-1140	Purpose of Disbursement Courier Expense	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Grosvenor Urban Retail, LP</b>		<b>Transaction ID:</b> SB21B.21931 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 5677.40
City Fort Wayne State IN Zip Code 46855	Purpose of Disbursement Office Rent	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Grosvenor Urban Retail, LP</b>		<b>Transaction ID:</b> SB21B.21932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 5783.27
City Fort Wayne State IN Zip Code 46855	Purpose of Disbursement Office Rent	
Candidate Name		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) ..... ▶	11548.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.21933</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 5783.27
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Office Rent	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.21934</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 5783.27
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Office Rent	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Grosvenor Urban Retail, LP</b>		<b>Transaction ID: SB21B.21935</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address PO Box 11071		Amount of Each Disbursement this Period 5783.27
City Fort Wayne	State IN Zip Code 46855	
Purpose of Disbursement Office Rent	Category/ Type	
Candidate Name		
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) ..... ▶	17349.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. J &amp; N Printing</b>		<b>Transaction ID: SB21B.32783</b> Date of Disbursement 01 / 15 / 2007
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 3020.08
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Postage & Lettershop Services - Generic Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Mentor's Inc.</b>		<b>Transaction ID: SB21B.21936</b> Date of Disbursement 04 / 13 / 2007
Mailing Address 1012 14th St., NW		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Purpose of Disbursement Sponsorship Candidate Name	
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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Middleton &amp; Associates</b>		<b>Transaction ID: SB21B.21937</b> Date of Disbursement 04 / 02 / 2007
Mailing Address 1250 24th Street, NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Fees Candidate Name	
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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9020.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Middleton &amp; Associates</b>		<b>Transaction ID: SB21B.21938</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 1250 24th Street, NW		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20037	Purpose of Disbursement Legal Fees	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Omniaxis</b>		<b>Transaction ID: SB21B.21942</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 635 Slaters Lane		Amount of Each Disbursement this Period 56.25
City Alexandria State VA Zip Code 22314-4219	Purpose of Disbursement Online & Cable Expense	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Omniaxis</b>		<b>Transaction ID: SB21B.21943</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 635 Slaters Lane		Amount of Each Disbursement this Period 63.75
City Alexandria State VA Zip Code 22314-4219	Purpose of Disbursement Online & Cable Expense	
Candidate Name		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) ..... ▶	5120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Omniaxis</b>		<b>Transaction ID:</b> SB21B.21944 Date of Disbursement
Mailing Address 635 Slaters Lane		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22314-4219
Purpose of Disbursement Online & Cable Expense	<input type="text" value="500.00"/>	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Omniaxis</b>		<b>Transaction ID:</b> SB21B.21945 Date of Disbursement
Mailing Address 635 Slaters Lane		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22314-4219
Purpose of Disbursement Online & Cable Expense	<input type="text" value="75.00"/>	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Omniaxis</b>		<b>Transaction ID:</b> SB21B.21946 Date of Disbursement
Mailing Address 635 Slaters Lane		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Alexandria	State VA	Zip Code 22314-4219
Purpose of Disbursement Online & Cable Expense	<input type="text" value="3788.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4363.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Omniprint</b>		<b>Transaction ID:</b> SB21B.21947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address 9700 Philadelphia Court		Amount of Each Disbursement this Period 2637.60
City Lanham State MD Zip Code 20695	Purpose of Disbursement Online & Cable Expense Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21948 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 566.39
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21949 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 170.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3373.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21950 Date of Disbursement
Mailing Address 44084 Riverside Parkway		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Mailing List Maintenance Fees		Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="125.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21951 Date of Disbursement
Mailing Address 44084 Riverside Parkway		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Mailing List Maintenance Fees		Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="601.38"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21952 Date of Disbursement
Mailing Address 44084 Riverside Parkway		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Mailing List Maintenance Fees		Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<input type="text" value="220.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="946.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21954 Date of Disbursement
Mailing Address 44084 Riverside Parkway		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Mailing List Maintenance Fees	<input type="text" value="1178.71"/>	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Patriot Data Services</b>		<b>Transaction ID:</b> SB21B.21955 Date of Disbursement
Mailing Address 44084 Riverside Parkway		<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Mailing List Maintenance Fees	<input type="text" value="540.32"/>	
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22033 Date of Disbursement
Mailing Address PO Box 388		<input type="text" value="01"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement Payroll Taxes	<input type="text" value="1278.99"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2998.02"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paychex Services</b>		<b>Transaction ID:</b> SB21B.21957 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 202.57
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22034 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22035 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1278.99
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
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) ..... ▶	2605.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22036 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Paychex Services</b>		<b>Transaction ID:</b> SB21B.21958 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 77.30
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22037 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1278.99
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2479.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22038 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Paychex Services</b>		<b>Transaction ID:</b> SB21B.21959 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 136.75
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22039 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1278.99
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2539.29
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22040 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1278.99
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22042 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills State MD Zip Code 21117	Purpose of Disbursement Payroll Taxes Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3526.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Paychex Services</b>		<b>Transaction ID:</b> SB21B.21960 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 142.72
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22043 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1278.99
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex Services</b>		<b>Transaction ID:</b> SB21B.22044 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address PO Box 388		Amount of Each Disbursement this Period 1123.55
City Owings Mills	State MD Zip Code 21117	
Purpose of Disbursement Payroll Taxes		
Candidate Name		
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) ..... ▶	2545.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Pepco		<b>Transaction ID:</b> SB21B.21962 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 7
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 169.15
City Washington State DC Zip Code 20090-7275	Purpose of Disbursement Utilities Candidate Name 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>B.</b> Full Name (Last, First, Middle Initial) Pepco		<b>Transaction ID:</b> SB21B.21963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 179.68
City Washington State DC Zip Code 20090-7275	Purpose of Disbursement Utilities Candidate Name 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>C.</b> Full Name (Last, First, Middle Initial) Pepco		<b>Transaction ID:</b> SB21B.21964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 311.51
City Washington State DC Zip Code 20090-7275	Purpose of Disbursement Utilities Candidate Name 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) ..... ▶	660.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Pepco</b>		<b>Transaction ID: SB21B.21965</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 174.43
City Washington State DC Zip Code 20090-7275		
Purpose of Disbursement Utilities Candidate Name	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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pepco</b>		<b>Transaction ID: SB21B.21966</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7	
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 244.26	
City Washington State DC Zip Code 20090-7275			
Purpose of Disbursement Utilities Candidate Name			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) ▼

Full Name (Last, First, Middle Initial) <b>C. Pepco</b>		<b>Transaction ID: SB21B.21967</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7	
Mailing Address P.O. Box 97275		Amount of Each Disbursement this Period 327.31	
City Washington State DC Zip Code 20090-7275			
Purpose of Disbursement Utilities Candidate Name			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) ..... ▶	<b>746.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Postmaster</b>		<b>Transaction ID:</b> SB21B.21968 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 8245 Boone Blvd.		Amount of Each Disbursement this Period 3000.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage Expenses - Generic	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Postmaster</b>		<b>Transaction ID:</b> SB21B.21969 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 8245 Boone Blvd.		Amount of Each Disbursement this Period 164.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage Expenses - Generic	Category/ Type	
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Postmaster</b>		<b>Transaction ID:</b> SB21B.21970 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address 8245 Boone Blvd.		Amount of Each Disbursement this Period 3000.00
City Vienna State VA Zip Code 22182		
Purpose of Disbursement Postage Expenses - Generic	Category/ Type	
Candidate Name		
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) ..... ▶	6164.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Public Storage</b>		<b>Transaction ID:</b> SB21B.21971
Mailing Address 5420 Randolph Rd		Date of Disbursement MM / DD / YYYY 05 / 02 / 2007
City Rockville	State MD	Zip Code 20852
Purpose of Disbursement Storage Expenses		Amount of Each Disbursement this Period 546.00
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Recording Industry Association of America</b>		<b>Transaction ID:</b> SB21B.21973
Mailing Address 1025 F Street, 10th Floor		Date of Disbursement MM / DD / YYYY 06 / 02 / 2007
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Sponsorship		Amount of Each Disbursement this Period 2000.00
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Richard Norman Company</b>		<b>Transaction ID:</b> SB21B.21974
Mailing Address 44084 Riverside Parkway		Date of Disbursement MM / DD / YYYY 01 / 18 / 2007
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Direct Mail & Creative Fees - Generic		Amount of Each Disbursement this Period 3186.37
Candidate Name	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) .....	<b>5732.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Richard Norman Company</b>		<b>Transaction ID: SB21B.21975</b> Date of Disbursement 01 / 24 / 2007
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 6000.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Richard Norman Company</b>		<b>Transaction ID: SB21B.21976</b> Date of Disbursement 01 / 30 / 2007
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 14329.53
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Richard Norman Company</b>		<b>Transaction ID: SB21B.21977</b> Date of Disbursement 02 / 24 / 2007
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 3000.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ..... ▶	23329.53
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Richard Norman Company</b>		<b>Transaction ID: SB21B.21978</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 3000.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Richard Norman Company</b>		<b>Transaction ID: SB21B.21979</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 3000.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Richard Norman Company</b>		<b>Transaction ID: SB21B.21981</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 6854.88
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ..... ▶	12854.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Richard Norman Company</b>		<b>Transaction ID: SB21B.21982</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7
Mailing Address 44084 Riverside Parkway		Amount of Each Disbursement this Period 9072.40
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Direct Mail & Creative Fees - Generic	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21983</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 2552.29
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees	
Candidate Name		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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21984</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 815.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees	
Candidate Name		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) ..... ▶	12439.69
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21985</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 1430.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21986</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 3.00
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21987</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 2113.36
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3546.36</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21988</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 3815.97
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name 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) ▼

Full Name (Last, First, Middle Initial) <b>B. Robertson Mailing List Company</b>		<b>Transaction ID: SB21B.21989</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address 44084 Riverside Pkwy, Ste 350		Amount of Each Disbursement this Period 3080.54
City Lansdowne State VA Zip Code 20176	Purpose of Disbursement Mailing List Maintenance Fees Candidate Name 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) ▼

Full Name (Last, First, Middle Initial) <b>C. SA &amp; Associates</b>		<b>Transaction ID: SB21B.21991</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 8541		Amount of Each Disbursement this Period 250.00
City Ft. Lauderdale State FL Zip Code 33310	Purpose of Disbursement Website Development Candidate Name 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) ..... ▶	7146.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SA &amp; Associates</b>		<b>Transaction ID:</b> SB21B.21992
Mailing Address PO Box 8541		Date of Disbursement 06 / 05 / 2007
City Ft. Lauderdale	State FL	Zip Code 33310
Purpose of Disbursement Website Development		Amount of Each Disbursement this Period 500.00
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>B. Southwest Publishing &amp; Mailing</b>		<b>Transaction ID:</b> SB21B.21993
Mailing Address 2600 Topeka Blvd		Date of Disbursement 02 / 08 / 2007
City Topeka	State KS	Zip Code 66617
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period 2223.10
Candidate Name	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:		

Full Name (Last, First, Middle Initial) <b>C. Star Envelope</b>		<b>Transaction ID:</b> SB21B.21994
Mailing Address P.O. Box 740209		Date of Disbursement 04 / 02 / 2007
City Atlanta	State GA	Zip Code 30374
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period 1010.00
Candidate Name	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) .....	<b>3733.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Star Envelope</b>		<b>Transaction ID:</b> SB21B.21995 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 740209		Amount of Each Disbursement this Period 539.00
City Atlanta State GA Zip Code 30374	Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Star Envelope</b>		<b>Transaction ID:</b> SB21B.21996 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 740209		Amount of Each Disbursement this Period 1437.00
City Atlanta State GA Zip Code 30374	Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Tri-State Envelope</b>		<b>Transaction ID:</b> SB21B.21997 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 2961.79
City Beltsville State MD Zip Code 20704-0433	Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4937.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Tri-State Envelope</b>		<b>Transaction ID:</b> SB21B.21998 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 3583.25
City Beltsville State MD Zip Code 20704-0433	Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Tri-State Envelope</b>		<b>Transaction ID:</b> SB21B.21999 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 1155.84
City Beltsville State MD Zip Code 20704-0433	Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. TRS Direct</b>		<b>Transaction ID:</b> SB21B.22000 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address 148 Graves Mill Rd		Amount of Each Disbursement this Period 7617.39
City Lynchburg State VA Zip Code 24502	Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12356.48
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22001																					
<b>A. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	4		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	1683.84																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22002																					
<b>B. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	4		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	6366.20																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22003																					
<b>C. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	2		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	16900.22																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

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

24950.26

**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)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22004																					
<b>A. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	1		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	10390.61																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22005																					
<b>B. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	3		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	5271.57																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22006																					
<b>C. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>5</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	2		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	7732.52																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary	<input type="checkbox"/> General																					
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	23394.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22007																					
<b>A. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>5</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	9		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	6588.76																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22009																					
<b>B. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	14195.23																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.22008																					
<b>C. TRS Direct</b>		Date of Disbursement																					
Mailing Address 148 Graves Mill 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>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		3	0		2	0	0	7														
City Lynchburg	State VA	Zip Code 24502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Category/ Type	10741.84																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	31525.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Valley Press, Inc</b>		<b>Transaction ID:</b> SB21B.22010 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="3332.72"/>
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Valley Press, Inc</b>		<b>Transaction ID:</b> SB21B.22011 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="1107.62"/>
Candidate Name		
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Valley Press, Inc</b>		<b>Transaction ID:</b> SB21B.22012 Date of Disbursement
Mailing Address 44084 Riverside Parkway Suite 350		<input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
City Lansdowne	State VA	Zip Code 20176
Purpose of Disbursement Lettershop & Printshop Fees- Generic		Amount of Each Disbursement this Period <input type="text" value="807.59"/>
Candidate Name		
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5247.93"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Valley Press, Inc</b>		<b>Transaction ID: SB21B.22013</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 2724.75
City Lansdowne State VA Zip Code 20176		
Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>B. Valley Press, Inc</b>		<b>Transaction ID: SB21B.22014</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 7
Mailing Address 44084 Riverside Parkway Suite 350		Amount of Each Disbursement this Period 2566.47
City Lansdowne State VA Zip Code 20176		
Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>C. Verizon, Inc.</b>		<b>Transaction ID: SB21B.22022</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 148.09
City Tucson State AZ Zip Code 85731		
Purpose of Disbursement Telephone Expense Candidate Name		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) ..... ▶	5439.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 155 / 163

<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 AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon, Inc.</b>		<b>Transaction ID: SB21B.22023</b>																					
Mailing Address PO Box 7120		Date of Disbursement																					
City Tucson State AZ Zip Code 85731		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
Purpose of Disbursement Telephone Expense		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">105.24</td> </tr> </table>		105.24																			
105.24																							
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:		Category/Type																					

Full Name (Last, First, Middle Initial) <b>B. Verizon, Inc.</b>		<b>Transaction ID: SB21B.22024</b>																					
Mailing Address PO Box 7120		Date of Disbursement																					
City Tucson State AZ Zip Code 85731		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	7														
Purpose of Disbursement Telephone Expense		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">112.55</td> </tr> </table>		112.55																			
112.55																							
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:		Category/Type																					

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID: SB21B.22016</b>																					
Mailing Address PO Box 7120		Date of Disbursement																					
City Tucson State AZ Zip Code 85731-7120		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	4		2	0	0	7														
Purpose of Disbursement Telephone Expense		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">116.44</td> </tr> </table>		116.44																			
116.44																							
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:		Category/Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<table border="1"><tr><td>334.23</td></tr></table>	334.23
334.23			
<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)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.22017 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 111.04
City Tucson State AZ Zip Code 85731-7120	Category/ Type	
Purpose of Disbursement Telephone Expense Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.22018 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 104.55
City Tucson State AZ Zip Code 85731-7120	Category/ Type	
Purpose of Disbursement Telephone Expense Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.22019 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address PO Box 7120		Amount of Each Disbursement this Period 98.22
City Tucson State AZ Zip Code 85731-7120	Category/ Type	
Purpose of Disbursement Telephone Expense Candidate Name		
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) ..... ▶	313.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		<b>Transaction ID:</b> SB21B.22020 Date of Disbursement
Mailing Address PO Box 7120		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Tucson	State AZ	Zip Code 85731-7120
Purpose of Disbursement Telephone Expense	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="97.45"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wachovia Bank</b>		<b>Transaction ID:</b> SB21B.22025 Date of Disbursement
Mailing Address 740 15th Street NW 3rd Floor		<input type="text" value="03"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Federal Taxes	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="456.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. XO Communications</b>		<b>Transaction ID:</b> SB21B.22026 Date of Disbursement
Mailing Address P.O. Box 60000		<input type="text" value="01"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City San Francisco	State CA	Zip Code 94160-3708
Purpose of Disbursement Online & Cable Expense	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="228.85"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="782.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. XO Communications</b>		<b>Transaction ID:</b> SB21B.22027 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 7
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 232.28
City San Francisco State CA Zip Code 94160-3708		
Purpose of Disbursement Online & Cable Expense Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>B. XO Communications</b>		<b>Transaction ID:</b> SB21B.22028 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 232.28
City San Francisco State CA Zip Code 94160-3708		
Purpose of Disbursement Online & Cable Expense Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>C. XO Communications</b>		<b>Transaction ID:</b> SB21B.22029 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708		
Purpose of Disbursement Online & Cable Expense Candidate Name		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) ..... ▶	<b>693.41</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. XO Communications</b>		<b>Transaction ID: SB21B.22030</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708		
Purpose of Disbursement Online & Cable Expense Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>B. XO Communications</b>		<b>Transaction ID: SB21B.22031</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708		
Purpose of Disbursement Online & Cable Expense Candidate Name		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:		

Full Name (Last, First, Middle Initial) <b>C. XO Communications</b>		<b>Transaction ID: SB21B.22032</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 60000		Amount of Each Disbursement this Period 228.85
City San Francisco State CA Zip Code 94160-3708		
Purpose of Disbursement Online & Cable Expense Candidate Name		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) .....	<b>686.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>384855.15</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Erik Underwood For Congress</b>		<b>Transaction ID: SB23.32776</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address P.O. Box 5988		Amount of Each Disbursement this Period 1000.00	
City Augusta State GA Zip Code 30916	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. SALI FOR CONGRESS</b>		<b>Transaction ID: SB23.32774</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address PO Box 71		Amount of Each Disbursement this Period 1000.00	
City KUNA State ID Zip Code 83634	Purpose of Disbursement Political Contribution	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

2000.00

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

2000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Barbour for Governor</b>		<b>Transaction ID: SB29.32766</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address Post Office Box 1186		Amount of Each Disbursement this Period 1000.00
City Jackson State MS Zip Code 39215	Purpose of Disbursement Political Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Bill Cleveland for Council</b>		<b>Transaction ID: SB29.32772</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 245		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22313	Purpose of Disbursement Political Contribution Candidate Name	
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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Friends of Jeff Frederick-VA House of Delegates</b>		<b>Transaction ID: SB29.32769</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 7
Mailing Address 13391 Dogues Terrace		Amount of Each Disbursement this Period 500.00
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Political Contribution Candidate Name	
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A.** Mitch Daniels For Governor-Indiana

Transaction ID: SB29.32768

Date of Disbursement

Mailing Address 1032 E. Washington St.

<sup>M</sup> 0	<sup>M</sup> 6	/	<sup>D</sup> 0	<sup>D</sup> 2	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 7
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City Indianapolis State IN Zip Code 46202

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Political Contribution

Category/ Type
-------------------

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
---------

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

3500.00
---------

**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 AMERICA'S POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Advance Mailing Services	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 2600 Temple Heights Drive	
City State ZIP Code Oceanside CA 92056	

Outstanding Balance Beginning This Period 3000.28	<b>Transaction ID: SD10.15734</b>	
Amount Incurred This Period 1478.72	Payment This Period 3000.28	Outstanding Balance at Close of This Period 1478.72

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor J & N Printing	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 44084 Riverside Parkway Suite 350	
City State ZIP Code Lansdowne VA 20176	

Outstanding Balance Beginning This Period 3020.08	<b>Transaction ID: SD10.15736</b>	
Amount Incurred This Period 0.00	Payment This Period 3020.08	Outstanding Balance at Close of This Period 0.00

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor TRS Direct	Nature of Debt (Purpose): Lettershop & Printshop Fees- Generic
Mailing Address 148 Graves Mill Rd	
City State ZIP Code Lynchburg VA 24502	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.32785</b>	
Amount Incurred This Period 12578.15	Payment This Period 0.00	Outstanding Balance at Close of This Period 12578.15

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>14056.87</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>14056.87</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	