

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
1911 UNITED

ADDRESS (number and street) 700 12TH STREET NW SUITE 700
Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00508200 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 / 06 / 2012 in the State of DC
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

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 Sinclair Skinner

Signature of Treasurer Sinclair Skinner [Electronically Filed] Date 10 / 23 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

1911 UNITED

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2876.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12299.11"/>	<input type="text" value="156651.82"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="15175.95"/>	<input type="text" value="156651.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9023.12"/>	<input type="text" value="150498.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6152.83"/>	<input type="text" value="6152.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="101460.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

1911 UNITED

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2012 To: M M / D D / Y Y Y Y 10 / 17 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12000.00	103333.63
(ii) Unitemized	299.11	26385.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12299.11	129719.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	600.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12299.11	130319.61
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	25000.00
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	1332.21
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12299.11	156651.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12299.11	156651.82

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2063.64	72809.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2063.64	72809.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	6959.48	73501.02
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4188.63
(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	4188.63
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9023.12	150498.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9023.12	150498.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12299.11	130319.61
34. Total Contribution Refunds (from Line 28(d))	0.00	4188.63
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12299.11	126130.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2063.64	72809.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1332.21
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2063.64	71477.13

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 30
<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)
1911 UNITED

A. Baneker Ventures LLC
Full Name (Last, First, Middle Initial)
Mailing Address 5335 Wisconsin Avenue NW #440

City Washington	State DC	Zip Code 20015
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
10 / 05 / 2012
Transaction ID : SA11AI.5452

Amount of Each Receipt this Period
10000.00

B. Clifford Franklin
Full Name (Last, First, Middle Initial)
Mailing Address 802 N. 1st Street

City St. Louis	State MO	Zip Code 63102
-------------------	-------------	-------------------

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

Name of Employer FUSE	Occupation Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
10 / 03 / 2012
Transaction ID : SA11AI.5454

Amount of Each Receipt this Period
1000.00

Conduit: ActBlue

C. Phinis Jones
Full Name (Last, First, Middle Initial)
Mailing Address 1847 Woodmont Place SE

City Washington	State DC	Zip Code 20020
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FEC ID number of contributing federal political committee. **C**

Name of Employer Capital Services Management	Occupation Developer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 09 / 2012
Transaction ID : SA11AI.5450

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	12000.00
TOTAL This Period (last page this line number only).....▶	12000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 30
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
1911 UNITED

Full Name (Last, First, Middle Initial)
A. ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : SA11C.5456

Amount of Each Receipt this Period
1299.11

Total Through Conduit This Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
1911 UNITED

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 07 / 2012

Transaction ID : SB21B.5493

Amount of Each Disbursement this Period

46.22

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2012

Transaction ID : SB21B.5502

Amount of Each Disbursement this Period

0.20

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2012

Transaction ID : SB21B.5506

Amount of Each Disbursement this Period

4.92

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

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

51.34

**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)
1911 UNITED

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address 100 Citibank Drive

City San Antonio State TX Zip Code 78245

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2012

Transaction ID : SB21B.5497

Amount of Each Disbursement this Period

14.00

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address 100 Citibank Drive

City San Antonio State TX Zip Code 78245

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2012

Transaction ID : SB21B.5499

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. Drop Box

Mailing Address 185 Berry Street Suite 400

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Internet Utility

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2012

Transaction ID : SB21B.5492

Amount of Each Disbursement this Period

9.99

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

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

33.99

**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)
1911 UNITED

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5487

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5488

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5490

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
1911 UNITED

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 04 / 2012

Transaction ID : SB21B.5491

Amount of Each Disbursement this Period

48.52

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2012

Transaction ID : SB21B.5495

Amount of Each Disbursement this Period

200.56

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2012

Transaction ID : SB21B.5496

Amount of Each Disbursement this Period

400.00

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

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

649.08

**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)
1911 UNITED

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 11 / 2012

Transaction ID : SB21B.5500

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2012

Transaction ID : SB21B.5501

Amount of Each Disbursement this Period

172.13

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1601 S. California Avenue

City Palo Alto State CA Zip Code 94304

Purpose of Disbursement
Internet Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2012

Transaction ID : SB21B.5505

Amount of Each Disbursement this Period

30.00

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

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

402.13

**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)
1911 UNITED

Full Name (Last, First, Middle Initial)

A. Joseph Greenlee

Mailing Address 433 Kennedy Street NW #4

City Washington State DC Zip Code 20011

Purpose of Disbursement
Intern Stipend

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2012

Transaction ID : SB21B.5489

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address 7779 Day Drive

City Parma State OH Zip Code 44129

Purpose of Disbursement
Mobile Phone Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2012

Transaction ID : SB21B.5503

Amount of Each Disbursement this Period

210.10

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

570.10

1956.64

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **1911 UNITED** Transaction ID : **SC/10.4787**

LOAN SOURCE Full Name (Last, First, Middle Initial) Liberty Industries LLC	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 700 12th Street NW Suite 700	
City Washington State DC ZIP Code 20005	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Date Due: M M / D D / Y Y Y Y Y Y
On Demand

Interest Rate: 0.00 % (apr)

Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 10000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4787

Sinclair Skinner is the sole individual member for Liberty Industries LLC.

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) 1911 UNITED	Transaction ID : SC/10.4789
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LOAN SOURCE Full Name (Last, First, Middle Initial) Sinclair Skinner	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 700 12th Street NW Suite 700	
City Washington State DC ZIP Code 20005	

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred MM / DD / YYYY 05 / 18 / 2012	Date Due MM / DD / YYYY On Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 10000.00
TOTALS This Period (last page in this line only)..... ▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **1911 UNITED** Transaction ID : **SC/10.5310**

LOAN SOURCE Full Name (Last, First, Middle Initial) Sinclair Skinner	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 700 12th Street NW Suite 700	
City Washington State DC ZIP Code 20005	

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: MM / DD / YYYY (07 / 09 / 2012) Date Due: MM / DD / YYYY (On Demand) Interest Rate: 0.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	5000.00
TOTALS This Period (last page in this line only)..... ▶	25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1911 UNITED

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Whitney Burns	Nature of Debt (Purpose): Financial Compliance
Mailing Address P.O. Box 1174	
City State Zip Code Springfield VA 22151	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5449	
Amount Incurred This Period 3062.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 3062.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Guild International	Nature of Debt (Purpose): Jackets & T-shirts
Mailing Address 2700 Georgia Avenue NW	
City State Zip Code Washington DC 20011	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5471	
Amount Incurred This Period 880.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 880.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sandler Reiff Young & Lamb	Nature of Debt (Purpose): Legal Services
Mailing Address 1025 Vermont Avenue #300	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5448	
Amount Incurred This Period 517.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 517.50

1) SUBTOTALS This Period This Page (optional)..... ▶	4460.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 30
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
1911 UNITED

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sinclair Skinner	Nature of Debt (Purpose): Vehicle Rental
Mailing Address 700 12th Street NW Suite 700	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period <input type="text" value="60000.00"/>	Transaction ID : SD10.5174	
Amount Incurred This Period <input type="text" value="12000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="72000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
---	---	---	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="72000.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="76460.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="25000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="101460.00"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee DANWAL		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 12404 State Highway 115 S.		Amount 3502.77
City Tyler	State TX	
Zip Code 75703	Transaction ID : SE.5465	
Purpose of Expenditure Printing - Signs	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131581.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Econolodge		Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address 495 Eisenhower Blvd.		Amount 222.00
City Harrisburg	State PA	
Zip Code 17111	Transaction ID : SE.5466	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 126491.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3724.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 23 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Flying J Travel Plaza		Date MM / DD / YYYY 10 / 13 / 2012
Mailing Address 2349 Center Road		Amount 190.47
City Austinburg	State OH	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 131978.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.5467

Full Name (Last, First, Middle Initial) of Payee Grove Printing		Date MM / DD / YYYY 10 / 07 / 2012
Mailing Address 4225 Howard Avenue		Amount 281.10
City Kensington	State MD	
Purpose of Expenditure Printing	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 120824.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.5457

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	471.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Grove Printing		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 4225 Howard Avenue		Amount 76.00
City Kensington	State Zip Code MD 20895	
Purpose of Expenditure Printing	Category/Type	Transaction ID : SE.5469
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
131657.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Guild International		Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address 2700 Georgia Avenue NW		Amount 880.00
City Washington	State Zip Code DC 20011	
Purpose of Expenditure Jackets and T-shirts	Category/Type	Transaction ID : SE.5472
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
127371.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 23 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Hampton Inn Pittsburgh		Date M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2012
Mailing Address 4575 McKnight Road		Amount 271.32
City Pittsburgh	State PA	
Zip Code 15237		Transaction ID : SE.5473
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 128078.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Just Buttons		Date M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2012
Mailing Address 59 School Ground Road Unit 7		Amount 169.85
City Branford	State CT	
Zip Code 06405		Transaction ID : SE.5458
Purpose of Expenditure Campaign Buttons	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 120994.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	441.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Just Buttons		Date MM / DD / YYYY 10 / 07 / 2012
Mailing Address 59 School Ground Road Unit 7		Amount 800.72
City Branford	State CT	
Purpose of Expenditure Campaign Buttons	Category/ Type	Transaction ID : SE.5459
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
121794.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Just Buttons		Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address 59 School Ground Road Unit 7		Amount 435.61
City Branford	State CT	
Purpose of Expenditure Campaign Buttons	Category/ Type	Transaction ID : SE.5475
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
127807.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	800.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature _____ [Electronically Filed] Date MM / DD / YYYY **10 / 23 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Kayak Travel		Date MM / DD / YYYY 10 / 13 / 2012
Mailing Address 55 N. Water Street Suite 1		Amount 96.80
City Norwalk	State CT	
Zip Code 06854	Transaction ID : SE.5476	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 132074.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Kayak Travel		Date MM / DD / YYYY 10 / 14 / 2012
Mailing Address 55 N. Water Street Suite 1		Amount 119.79
City Norwalk	State CT	
Zip Code 06854	Transaction ID : SE.5477	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 132194.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	216.59
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature _____ [Electronically Filed] Date MM / DD / YYYY
10 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Loves Travel Stop		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 13190 Deshler Road		Amount 250.97
City North Baltimore	State OH	
Zip Code 45872	Transaction ID : SE.5478	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 132445.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Short Stop Truck Services		Date MM / DD / YYYY 10 / 17 / 2012
Mailing Address 6152 W. Market Street		Amount 172.62
City Leavittsburgh	State OH	
Zip Code 44430	Transaction ID : SE.5480	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 132818.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	423.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

[Electronically Filed] Date **10 / 23 / 2012**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Sinclair Skinner [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2012
Mailing Address 700 12th Street NW Suite 700		Amount 4000.00
City Washington	State DC	
Zip Code 20005	Transaction ID : SE.5460	
Purpose of Expenditure Vehicle Rental	Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 120543.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Sinclair Skinner [MEMO ITEM]		Date M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2012
Mailing Address 700 12th Street NW Suite 700		Amount 4000.00
City Washington	State DC	
Zip Code 20005	Transaction ID : SE.5461	
Purpose of Expenditure Vehicle Rental	Category/ Type 	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 126269.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sinclair Skinner		Date 10 / 17 / 2012
[MEMO ITEM]		Amount 4000.00
Mailing Address 700 12th Street NW Suite 700		
City Washington	State DC	Zip Code 20005
Purpose of Expenditure Vehicle Rental		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
136818.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.5482

Full Name (Last, First, Middle Initial) of Payee Speedway		Date 10 / 12 / 2012
Mailing Address 649 East Midlothian Blvd.		Amount 130.22
City Youngstown	State OH	
Purpose of Expenditure Travel Expenses		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
131787.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.5483

(a) SUBTOTAL of Itemized Independent Expenditures.....	130.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature _____ [Electronically Filed] Date 10 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Speedway		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2012
Mailing Address 376 Agler Road		Amount 200.00
City Gahanna	State OH	
Zip Code 43230		Transaction ID : SE.5485
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 132645.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Sunoco		Date M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2012
Mailing Address PA Turnpike WB MP 304		Amount 259.85
City Elverson	State PA	
Zip Code 19520		Transaction ID : SE.5462
Purpose of Expenditure Travel expenses	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 122054.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	459.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) 1911 UNITED	FEC IDENTIFICATION NUMBER ▼ C C00508200
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sunoco		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 14731 W. Pennsylvania Turnpike		Amount 215.00
City Bedford	State PA	
Zip Code 15522	Transaction ID : SE.5464	
Purpose of Expenditure Travel Expenses	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 122269.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		

(a) SUBTOTAL of Itemized Independent Expenditures.....	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	6959.48

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sinclair Skinner

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 23 / 2012