

# 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) 1325 G Street, N.W.  
Suite 500  
 Check if different than previously reported. (ACC)  
Washington DC 20005

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly 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 (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 28 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		25736.65
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	25736.65									
(c) Total Receipts (from Line 19) .....	192085.72	192085.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	217822.37	217822.37								
7. Total Disbursements (from Line 31) .....	209172.75	209172.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	8649.62	8649.62								
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) .....	7568.25									

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

FEC Form 3X (Rev. 06/2004)

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	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	17166.00	17166.00
(ii) Unitemized .....	174919.72	174919.72
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	192085.72	192085.72
(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) .....	192085.72	192085.72
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)) .....	192085.72	192085.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	192085.72	192085.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	209172.75	209172.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	209172.75	209172.75
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 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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	209172.75	209172.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	209172.75	209172.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	192085.72	192085.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	192085.72	192085.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	209172.75	209172.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	209172.75	209172.75

**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 / 63
	<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 DOREL ABBOTT

Mailing Address 2 NORMAN ST

City ASHEVILLE State NC Zip Code 28803

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 ▼ 250.00

Date of Receipt: 06 / 04 / 2009

Transaction ID: SA11AI.60439

Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS DOREL ABBOTT

Mailing Address 2 NORMAN ST

City ASHEVILLE State NC Zip Code 28803

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 ▼ 280.00

Date of Receipt: 06 / 25 / 2009

Transaction ID: SA11AI.60436

Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs Gertrude Arnold

Mailing Address 1727 W Hope Rd

City Unionville State MI Zip Code 48767-9615

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: 03 / 13 / 2009

Transaction ID: SA11AI.58665

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63  
(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 James Bartels

Mailing Address 3201 Tam O Shanter Dr

City Hays State KS Zip Code 67601-1833

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 ▼ **400.00**

Date of Receipt **04 / 27 / 2009**

**Transaction ID: SA11AI.58688**

Amount of Each Receipt this Period **300.00**

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

Mailing Address 3201 Tam O Shanter Dr

City Hays State KS Zip Code 67601-1833

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 ▼ **650.00**

Date of Receipt **05 / 29 / 2009**

**Transaction ID: SA11AI.58687**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr Bernard Bearth

Mailing Address 1700 Case Ave

City Saint Paul State MN Zip Code 55106

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **232.33**

Date of Receipt **05 / 29 / 2009**

**Transaction ID: SA11AI.60450**

Amount of Each Receipt this Period **33.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **583.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 63  
(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 Bernard Bearth

Mailing Address 1700 Case Ave

City State Zip Code  
Saint Paul MN 55106

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.33

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

**Transaction ID:** SA11AI.60446

Amount of Each Receipt this Period  
33.00

**B.** Full Name (Last, First, Middle Initial)  
MR GEOFFREY BREWSTER

Mailing Address 677 E TALLION RD

City State Zip Code  
PARADISE VALLEY AZ 85253

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
0	1	/	2	6	/	2	0	0	9

**Transaction ID:** SA11AI.58795

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Donald J Brown, Mr

Mailing Address 2061 Hampton Dr

City State Zip Code  
Waynesboro VA 22980-9600

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
0	5	/	1	8	/	2	0	0	9

**Transaction ID:** SA11AI.58801

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **533.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 63  
(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)  
Mrs Martha Brubaker

Mailing Address 1064 N Penryn Rd

City State Zip Code  
Manheim PA 17545-8516

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

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      215.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.58479

Amount of Each Receipt this Period  
20.00

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

Mailing Address 24 JUNIPER CIR

City State Zip Code  
READING MA 01867-1836

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

Name of Employer RETIRED      Occupation RETIRED

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

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

**Transaction ID:** SA11AI.58821

Amount of Each Receipt this Period  
200.00

**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 Retired      Occupation 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  
0 3 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.58364

Amount of Each Receipt this Period  
300.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 63  
(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 & Mrs Giuseppe Cecchi  
 Mailing Address 1700 N Moore St Ste 2020  
 City State Zip Code  
 Arlington VA 22209  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 0 9 / 2 0 0 9  
**Transaction ID:** SA11AI.58582  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (idi gourp companies) Occupation  
 president  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr & Mrs Giuseppe Cecchi  
 Mailing Address 1700 N Moore St Ste 2020  
 City State Zip Code  
 Arlington VA 22209  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 9 / 2 0 0 9  
**Transaction ID:** SA11AI.58581  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (idi gourp companies) Occupation  
 president  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
K GRACE COHANE, MRS  
 Mailing Address 3335 UTOPIA PKWY  
 City State Zip Code  
 FLUSHING NY 11358-1921  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 0 9  
**Transaction ID:** SA11AI.58900  
 Amount of Each Receipt this Period  
 75.00  
 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 ▼  
 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1075.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 63  
(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 Harold Curtis

Mailing Address 16515 Grande Vista Dr

City State Zip Code  
Derwood MD 20855-1917

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

Name of Employer Occupation  
AMERICAN AIRLINES FLIGHT ATTENDNT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2009

Transaction ID: SA11AI.58995

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Bernard Diroff

Mailing Address PO Box 335

City State Zip Code  
Lincoln Park MI 48146-3128

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 ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.59044

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
V Eleanor Eddy, Mrs

Mailing Address 175 West Dr

City State Zip Code  
Parrottsville TN 37843-2343

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 ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2009

Transaction ID: SA11AI.60458

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **215.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 63  
(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)  
R ALICE FINNERTY, MRS

Mailing Address 5 SUTTON PL

City State Zip Code  
ISLIP NY 11751-3723

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

Name of Employer Occupation  
RETIRED - HOMEMAKER RETIRED - HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2009

**Transaction ID:** SA11AI.60304

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
R ALICE FINNERTY, MRS

Mailing Address 5 SUTTON PL

City State Zip Code  
ISLIP NY 11751-3723

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

Name of Employer Occupation  
RETIRED - HOMEMAKER RETIRED - HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2009

**Transaction ID:** SA11AI.60305

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
C Theodore Fox, Mr

Mailing Address N2405 Hillside Rd

City State Zip Code  
Antigo WI 54409-8865

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

Name of Employer Occupation  
Self-Employed Self-Employed

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

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** SA11AI.59135

Amount of Each Receipt this Period  
50.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 63  
(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)  
R Ernest Griff, Mr

Mailing Address 42703 Wilson Memorial Dr

City State Zip Code  
Chaddell MI 49916-9002

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 Y  
0 4 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.59206

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
C LEONARD HARTKA, MR

Mailing Address 7635 E NEW BATTLE DRV RD

City State Zip Code  
DUNDALK MD 21222

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 4 / 2 0 0 9

**Transaction ID:** SA11AI.58528

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MRS ANGELA HAVERLY

Mailing Address 470 SHORELINE DR

City State Zip Code  
DENVERVILLE NJ 07834

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 ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

**Transaction ID:** SA11AI.59270

Amount of Each Receipt this Period  
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 63
	<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 AGNES HAYDEN, MS

Mailing Address 3420 NE SUGARHILL AVE

City State Zip Code  
**JENSEN BEACH FL 34957**

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 ▼ **600.00**

Date of Receipt **01 / 30 / 2009**

**Transaction ID: SA11AI.59273**

Amount of Each Receipt this Period **600.00**

**B.**

Full Name (Last, First, Middle Initial)  
Carolyn Mary Hays, Ms

Mailing Address 1202 Heartland Rd Room R216

City State Zip Code  
**Saint Joseph MO 64506-3243**

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **06 / 19 / 2009**

**Transaction ID: SA11AI.60465**

Amount of Each Receipt this Period **50.00**

**C.**

Full Name (Last, First, Middle Initial)  
MS. ELLA HELM

Mailing Address 482 SHEPARD ST APT 7G

City State Zip Code  
**MARIETTA GA 30067**

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 ▼ **275.00**

Date of Receipt **03 / 30 / 2009**

**Transaction ID: SA11AI.59287**

Amount of Each Receipt this Period **75.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63  
(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)  
MS. ELLA HELM

Mailing Address 482 SHEPARD ST APT 7G

City State Zip Code  
**MARIETTA GA 30067**

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 ▼ **325.00**

Date of Receipt **04 / 20 / 2009**

**Transaction ID: SA11AI.59288**

Amount of Each Receipt this Period **50.00**

**B.**

Full Name (Last, First, Middle Initial)  
MS. ELLA HELM

Mailing Address 482 SHEPARD ST APT 7G

City State Zip Code  
**MARIETTA GA 30067**

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 **05 / 29 / 2009**

**Transaction ID: SA11AI.59286**

Amount of Each Receipt this Period **75.00**

**C.**

Full Name (Last, First, Middle Initial)  
MRS WILLIE HOBSON

Mailing Address 4820 ENGLISH AVE

City State Zip Code  
**INDIANAPOLIS IN 46201-4711**

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 ▼ **240.00**

Date of Receipt **03 / 13 / 2009**

**Transaction ID: SA11AI.59334**

Amount of Each Receipt this Period **105.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63

(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)  
MRS WILLIE HOBSON

Mailing Address 4820 ENGLISH AVE

City State Zip Code  
INDIANAPOLIS IN 46201-4711

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 ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.59336

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)  
B MARY KASBOHM, MS

Mailing Address 149 FLEETWOOD TER

City State Zip Code  
WILLIAMSVILLE NY 14221-4469

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

Name of Employer Occupation  
RETIRED HOMEMAKER RETIRED HOMEMAKER

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 5 / 2 0 0 9

Transaction ID: SA11AI.60320

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
V NORMAN KINSEY, MR

Mailing Address 401 EDWARDS ST

City State Zip Code  
SHREVEPORT LA 71101-3289

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  
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.58418

Amount of Each Receipt this Period

500.00

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

705.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 63  
(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)  
MRS JOAN LARSEN

Mailing Address 1111 PYOTT RD

City State Zip Code  
LAKE IN THE WOODS IL 60156-9715

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  
03 / 09 / 2009

Transaction ID: SA11AI.59504

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS JOAN LARSEN

Mailing Address 1111 PYOTT RD

City State Zip Code  
LAKE IN THE WOODS IL 60156-9715

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  
MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.59506

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MRS JOAN LARSEN

Mailing Address 1111 PYOTT RD

City State Zip Code  
LAKE IN THE WOODS IL 60156-9715

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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

Transaction ID: SA11AI.59505

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 63  
(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)  
MRS JOAN LARSEN

Mailing Address 1111 PYOTT RD

City State Zip Code  
LAKE IN THE WOODS IL 60156-9715

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 ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2009

**Transaction ID:** SA11AI.59507

Amount of Each Receipt this Period  
100.00

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

Mailing Address 29425 CHAGRIN BLVD STE 201

City State Zip Code  
BEACHWOOD OH 44122-4602

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  
02 / 06 / 2009

**Transaction ID:** SA11AI.58368

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
E P Dino McCurdy, Dr & Mrs

Mailing Address 801 Yale Ave  
The Strath Haven # 802

City State Zip Code  
Swarthmore PA 19081-1816

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

Name of Employer Occupation  
SELF REAL ESTATE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID:** SA11AI.59607

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 63  
(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 P Dino McCurdy, Dr & Mrs

Mailing Address 801 Yale Ave  
The Strath Haven # 802

City Swarthmore State PA Zip Code 19081-1816

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

Name of Employer SELF Occupation REAL ESTATE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY 03 / 25 / 2009

Transaction ID: SA11AI.59612

Amount of Each Receipt this Period 125.00

**B.**

Full Name (Last, First, Middle Initial)  
E P Dino McCurdy, Dr & Mrs

Mailing Address 801 Yale Ave  
The Strath Haven # 802

City Swarthmore State PA Zip Code 19081-1816

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

Name of Employer SELF Occupation REAL ESTATE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt MM / DD / YYYY 05 / 06 / 2009

Transaction ID: SA11AI.59609

Amount of Each Receipt this Period 175.00

**C.**

Full Name (Last, First, Middle Initial)  
E P Dino McCurdy, Dr & Mrs

Mailing Address 801 Yale Ave  
The Strath Haven # 802

City Swarthmore State PA Zip Code 19081-1816

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

Name of Employer SELF Occupation REAL ESTATE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY 05 / 29 / 2009

Transaction ID: SA11AI.59611

Amount of Each Receipt this Period 150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63  
(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 P Dino McCurdy, Dr & Mrs

Mailing Address 801 Yale Ave  
The Strath Haven # 802

City Swarthmore State PA Zip Code 19081-1816

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

Name of Employer SELF Occupation REAL ESTATE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 06 / 15 / 2009  
Transaction ID: SA11AI.59610  
Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
E P Dino McCurdy, Dr & Mrs

Mailing Address 801 Yale Ave  
The Strath Haven # 802

City Swarthmore State PA Zip Code 19081-1816

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

Name of Employer SELF Occupation REAL ESTATE AGENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 06 / 22 / 2009  
Transaction ID: SA11AI.59606  
Amount of Each Receipt this Period: 150.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PAUL MCGLODRICK

Mailing Address P O BOX 439

City LITTLETON State NH Zip Code 03561-0439

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 / 19 / 2009  
Transaction ID: SA11AI.60391  
Amount of Each Receipt this Period: 100.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 63  
(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 Wade McInnis

Mailing Address 5450 Whitherspoon Dr Apt G405

City State Zip Code  
Colfax NC 27235-9535

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

Date of Receipt  

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

**Transaction ID:** SA11AI.59621

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
A Virginia McKee, Mrs

Mailing Address 4204 Marla Dr NE

City State Zip Code  
Albuquerque NM 87109-1936

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

Name of Employer RETIRED      Occupation RETIRED

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

**Transaction ID:** SA11AI.59623

Amount of Each Receipt this Period  
100.00

**C.** 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

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

**Transaction ID:** SA11AI.59648

Amount of Each Receipt this Period  
300.00

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 63  
(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)  
A Joe Mitchum, Mr  
Mailing Address 235 Parklane Dr  
City State Zip Code  
Santee SC 29142-9441  
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 ▼ 325.00  
Date of Receipt M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 0 9  
Transaction ID: SA11AI.59685  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARY MOODIE  
Mailing Address 125 CREST DR  
City State Zip Code  
SUMMIT NJ 07901-4106  
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 ▼ 210.00  
Date of Receipt M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 9  
Transaction ID: SA11AI.59687  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
H JOSEPH MOORE, MR  
Mailing Address PO BOX 5132  
City State Zip Code  
SUN CITY WEST AZ 85376  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MEDICAL ASSURANCE INC Occupation MARKETING  
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 2 / 1 7 / 2 0 0 9  
Transaction ID: SA11AI.59692  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 625.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 23 / 63  
(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)  
H JOSEPH MOORE, MR  
Mailing Address PO BOX 5132  
City SUN CITY WEST State AZ Zip Code 85376  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MEDICAL ASSURANCE INC Occupation MARKETING  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 04 / 13 / 2009  
Transaction ID: SA11AI.59691  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
H JOSEPH MOORE, MR  
Mailing Address PO BOX 5132  
City SUN CITY WEST State AZ Zip Code 85376  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MEDICAL ASSURANCE INC Occupation MARKETING  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00  
Date of Receipt: 05 / 20 / 2009  
Transaction ID: SA11AI.59690  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr William Myhre  
Mailing Address 865 2nd Ave  
City Sweet Home State OR Zip Code 97386-1915  
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: 03 / 13 / 2009  
Transaction ID: SA11AI.60472  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 63  
(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 William Myhre

Mailing Address 865 2nd Ave

City State Zip Code  
Sweet Home OR 97386-1915

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  
03 / 16 / 2009

**Transaction ID:** SA11AI.60475

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr William Myhre

Mailing Address 865 2nd Ave

City State Zip Code  
Sweet Home OR 97386-1915

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  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** SA11AI.60479

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr William Myhre

Mailing Address 865 2nd Ave

City State Zip Code  
Sweet Home OR 97386-1915

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  
MM / DD / YYYY  
06 / 15 / 2009

**Transaction ID:** SA11AI.60478

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 63  
(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 William Myhre

Mailing Address 865 2nd Ave

City State Zip Code  
Sweet Home OR 97386-1915

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 ▼ 450.00

Date of Receipt MM / DD / YYYY  
06 / 19 / 2009

**Transaction ID:** SA11AI.60471

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
M GEORGE NEALL, MR

Mailing Address 5452 TATES BANK RD

City State Zip Code  
CAMBRIDGE MD 21613-3421

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIMA CTY HEALTH DEPT/RET CLERK/SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
04 / 15 / 2009

**Transaction ID:** SA11AI.59736

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
M GEORGE NEALL, MR

Mailing Address 5452 TATES BANK RD

City State Zip Code  
CAMBRIDGE MD 21613-3421

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
PIMA CTY HEALTH DEPT/RET CLERK/SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY  
05 / 13 / 2009

**Transaction ID:** SA11AI.59735

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 63  
(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)  
S ARTHUR OLSON, MR

Mailing Address 8 VILLA PL

City State Zip Code  
NOVATO CA 94945-2154

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 / 01 / 2009

**Transaction ID:** SA11AI.59779

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MS EDITH OSBURN

Mailing Address P O BOX 213

City State Zip Code  
VALLEY CENTER CA 92082-0213

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 ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** SA11AI.59789

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
MS EDITH OSBURN

Mailing Address P O BOX 213

City State Zip Code  
VALLEY CENTER CA 92082-0213

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 ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2009

**Transaction ID:** SA11AI.59790

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 63  
(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)  
MS EDITH OSBURN

Mailing Address P O BOX 213

City State Zip Code  
**VALLEY CENTER CA 92082-0213**

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 **06 / 29 / 2009**

**Transaction ID: SA11AI.59787**

Amount of Each Receipt this Period **35.00**

**B.** Full Name (Last, First, Middle Initial)  
B Bonnie Pereida, Mrs

Mailing Address 1002 Karnak Dr

City State Zip Code  
**Corpus Christi TX 78412-3804**

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

Name of Employer Occupation  
MERRILL LYNCH STOCK BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 16 / 2009**

**Transaction ID: SA11AI.60402**

Amount of Each Receipt this Period **300.00**

**C.** Full Name (Last, First, Middle Initial)  
B Bonnie Pereida, Mrs

Mailing Address 1002 Karnak Dr

City State Zip Code  
**Corpus Christi TX 78412-3804**

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

Name of Employer Occupation  
MERRILL LYNCH STOCK BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 23 / 2009**

**Transaction ID: SA11AI.60403**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **435.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 63  
(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)  
B Bonnie Pereida, Mrs

Mailing Address 1002 Karnak Dr

City State Zip Code  
Corpus Christi TX 78412-3804

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

Name of Employer Occupation  
MERRILL LYNCH STOCK BROKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2009

Transaction ID: SA11AI.60404

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
F JULIANNE PRINGLE, MRS

Mailing Address 2300 RIVERSIDE DR UNIT 4D

City State Zip Code  
TULSA OK 74114-2402

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  
MM / DD / YYYY  
02 / 19 / 2009

Transaction ID: SA11AI.58514

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
F JULIANNE PRINGLE, MRS

Mailing Address 2300 RIVERSIDE DR UNIT 4D

City State Zip Code  
TULSA OK 74114-2402

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  
MM / DD / YYYY  
05 / 13 / 2009

Transaction ID: SA11AI.58515

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 63
	<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) F JULIANNE PRINGLE, MRS	Date of Receipt MM / DD / YYYY 06 / 03 / 2009
	Mailing Address 2300 RIVERSIDE DR UNIT 4D	<b>Transaction ID:</b> SA11AI.58512
	City State Zip Code TULSA OK 74114-2402	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 ▼ 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS EVELYN ROY	Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 8609 E 8ST ST	<b>Transaction ID:</b> SA11AI.59929
	City State Zip Code COSTA MESA CA 92627	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) M Jenifer Sampson, Ms	Date of Receipt MM / DD / YYYY 06 / 25 / 2009
	Mailing Address 5300 S Main St Apt 58	<b>Transaction ID:</b> SA11AI.59950
	City State Zip Code Cedar Falls IA 50613-7428	Amount of Each Receipt this Period 75.00
	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 ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>775.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 30 / 63  
(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)  
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  
MM / DD / YYYY  
01 / 23 / 2009

**Transaction ID:** SA11AI.58507

Amount of Each Receipt this Period  
500.00

**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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** SA11AI.58508

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 ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

**Transaction ID:** SA11AI.58506

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 63
	<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 ELIZABETH SCHAFFER		Date of Receipt
	Mailing Address 610 1ST ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORONADO	CA	92118
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.58503
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1150.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH SCHAFFER		Date of Receipt
	Mailing Address 610 1ST ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORONADO	CA	92118
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.58504
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH SCHAFFER		Date of Receipt
	Mailing Address 610 1ST ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	CORONADO	CA	92118
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.58505
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 32 / 63  
(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)  
MS MARTHA SCHRADER  
 Mailing Address 2838 ENCORE LN  
 City State Zip Code  
WEST LAFAYETTE IN 47906-2041  
 Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2009  
**Transaction ID:** SA11AI.59985  
 Amount of Each Receipt this Period  
250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
KAN ROCK TIRE CO PRES  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

**B.** Full Name (Last, First, Middle Initial)  
A Edwin Seipp, Mr  
 Mailing Address 49 Tuscaloosa Ave  
 City State Zip Code  
Atherton CA 94027-4014  
 Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009  
**Transaction ID:** SA11AI.60005  
 Amount of Each Receipt this Period  
200.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
N AUBREY SHEA, MR  
 Mailing Address 7192 BETHEL DR W  
 City State Zip Code  
WARRENTON VA 20187  
 Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2009  
**Transaction ID:** SA11AI.60486  
 Amount of Each Receipt this Period  
25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Occupation  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 475.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 33 / 63  
(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)  
H Ray Smith, COL  
Mailing Address 228 Lakeside Cir  
City Greenville State SC Zip Code 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 ▼ 400.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: SA11AI.60061  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
MS CHARLENE SPRANKEL  
Mailing Address 120 FENWAY DR  
City DECATUR State IL Zip Code 40245-5876  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation TEACHING (RETIRED)  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 06 / 25 / 2009  
Transaction ID: SA11AI.60416  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
MR & MRS STEVE STEFELY  
Mailing Address 941 S EUCLID AVE  
City ELMHURST State IL Zip Code 60126  
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 01 / 23 / 2009  
Transaction ID: SA11AI.60103  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 63

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

O Howard Suhm, Mr

Mailing Address 317 Indian Bluff Dr

City State Zip Code  
Kerrville TX 78028-2008

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

Name of Employer Occupation  
ROCKWELL AUTOMATION RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	0	9

Transaction ID: SA11AI.60136

Amount of Each Receipt this Period

60.00
-------

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011-3059

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 ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	9

Transaction ID: SA11AI.60146

Amount of Each Receipt this Period

200.00
--------

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City State Zip Code  
HENDERSON NV 89011-3059

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 ▼ 325.00

Date of Receipt

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

Transaction ID: SA11AI.60150

Amount of Each Receipt this Period

50.00
-------

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

310.00
--------

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

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 63  
(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 ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011-3059

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 ▼ 375.00

Date of Receipt: 04 / 13 / 2009  
**Transaction ID: SA11AI.60152**  
 Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011-3059

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: 05 / 04 / 2009  
**Transaction ID: SA11AI.60149**  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVE

City Henderson State NV Zip Code 89011-3059

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: 05 / 18 / 2009  
**Transaction ID: SA11AI.60148**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 63
	<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 ROBERT SUNDERLAND		Date of Receipt
	Mailing Address 953 PYRITE AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 15 / 2009
	City	State	Zip Code
	HENDERSON	NV	89011-3059
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.60145
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) K Calvin Upp, Mr		Date of Receipt
	Mailing Address 212 N Elm St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2009
	City	State	Zip Code
	Wellington	KS	67152
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.60193
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) R GARY WATIKINS, MRS		Date of Receipt
	Mailing Address 50 MOUNTAINAIRE RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 05 / 2009
	City	State	Zip Code
	FLAGSTAFF	AZ	86001
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.60229
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 300.00	

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

**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 37 / 63
	<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) J HARRY WHITMAN, LT COL		Date of Receipt
	Mailing Address 5724 NICHOLSON DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TYLER	TX	75707-6148
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.60254
Name of Employer DALES OF MILWAUKEE		Occupation COOK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) J HARRY WHITMAN, LT COL		Date of Receipt
	Mailing Address 5724 NICHOLSON DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TYLER	TX	75707-6148
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.60252
Name of Employer DALES OF MILWAUKEE		Occupation COOK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 300.00	<input type="text"/> 50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) J HARRY WHITMAN, LT COL		Date of Receipt
	Mailing Address 5724 NICHOLSON DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	TYLER	TX	75707-6148
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.60251
Name of Employer DALES OF MILWAUKEE		Occupation COOK	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 325.00	<input type="text"/> 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 175.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 38 / 63	
	(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"/> 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) J L Whitmeyer, Mrs		Date of Receipt	
Mailing Address HC 1 Box 110		M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9	
City	State	Zip Code	<b>Transaction ID:</b> SA11AI.58516
Colmesneil	TX	75938-9704	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		400.00	
Name of Employer RETIRED	Occupation RETIRED	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>17166.00</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)

<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

A.	Full Name (Last, First, Middle Initial) Aaron Shrout	Transaction ID: SB21B.58287 Date of Disbursement 01 / 27 / 2009
	Mailing Address 5850 Cameron Run	Amount of Each Disbursement this Period 1078.95
	City Alexandria State VA Zip Code 22303	
	Purpose of Disbursement Issues Advocacy and Newsletter Writing	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.	Full Name (Last, First, Middle Initial) Aaron Shrout	Transaction ID: SB21B.58288 Date of Disbursement 03 / 28 / 2009
	Mailing Address 5850 Cameron Run	Amount of Each Disbursement this Period 1078.95
	City Alexandria State VA Zip Code 22303	
	Purpose of Disbursement Newsletter and Issues Advocacy Writing	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) ▼

C.	Full Name (Last, First, Middle Initial) Aaron Shrout	Transaction ID: SB21B.58289 Date of Disbursement 06 / 08 / 2009
	Mailing Address 5850 Cameron Run	Amount of Each Disbursement this Period 1078.95
	City Alexandria State VA Zip Code 22303	
	Purpose of Disbursement Newsletter Production	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) .....	3236.85
<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

A.	Full Name (Last, First, Middle Initial) Advance Mailing Services	Transaction ID: SB21B.58334 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="2724.00"/>
	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.	Full Name (Last, First, Middle Initial) Advance Mailing Services	Transaction ID: SB21B.58335 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="3453.58"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Advance Mailing Services	Transaction ID: SB21B.60498 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage & Lettershop Services - Generic	<input type="text" value="5938.42"/>
	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) .....	<input type="text" value="12116.00"/>
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Advance Mailing Services</p> <p>Mailing Address 2600 Temple Heights Drive</p> <p>City Oceanside State CA Zip Code 92056</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="590.22"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alvin Williams</p> <p>Mailing Address PO Box 8335</p> <p>City Silver Spring State MD Zip Code 20910</p> <p>Purpose of Disbursement Salary Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58291</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2793.96"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Alvin Williams</p> <p>Mailing Address PO Box 8335</p> <p>City Silver Spring State MD Zip Code 20910</p> <p>Purpose of Disbursement Salary Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58293</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2809.10"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6193.28"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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

A.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58292 Date of Disbursement MM / DD / YYYY 02 / 15 / 2009
	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.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58280 Date of Disbursement MM / DD / YYYY 02 / 28 / 2009
	Mailing Address PO Box 8335	Amount of Each Disbursement this Period 2809.10
	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) ▼

C.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58297 Date of Disbursement MM / DD / YYYY 03 / 15 / 2009
	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) .....	8397.02
<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

A.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58290 Date of Disbursement 03 / 28 / 2009
	Mailing Address PO Box 8335	
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period 2809.10
	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.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58279 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO Box 8335	
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period 2793.96
	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) ▼

C.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58298 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO Box 8335	
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period 2793.96
	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) ▼

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

8397.02

**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

A.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58294 Date of Disbursement 04 / 29 / 2009
	Mailing Address PO Box 8335	
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period 2809.10
	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.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58299 Date of Disbursement 05 / 15 / 2009
	Mailing Address PO Box 8335	
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period 2793.96
	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) ▼

C.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58295 Date of Disbursement 05 / 28 / 2009
	Mailing Address PO Box 8335	
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period 2809.10
	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) .....	▶	8412.16
<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

A.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58300 Date of Disbursement																			
	Mailing Address PO Box 8335	<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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	5		2	0	0	9												
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Expense	<table border="1"><tr><td>2793.96</td></tr></table>	2793.96																		
2793.96																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Alvin Williams	Transaction ID: SB21B.58296 Date of Disbursement																			
	Mailing Address PO Box 8335	<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>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	8		2	0	0	9												
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Salary Expense	<table border="1"><tr><td>2809.10</td></tr></table>	2809.10																		
2809.10																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Caging, Inc	Transaction ID: SB21B.58310 Date of Disbursement																			
	Mailing Address 4850 Wright Rd, Ste 168	<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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	9												
	City Stafford State TX Zip Code 77477	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Caging & Escrow Expense	<table border="1"><tr><td>873.25</td></tr></table>	873.25																		
873.25																					
	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																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

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

**6476.31**

**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

A.	Full Name (Last, First, Middle Initial) American Funds Group	Transaction ID: SB21B.58274 Date of Disbursement 01 / 15 / 2009
	Mailing Address 6849 Old Dominion Drive	Amount of Each Disbursement this Period 500.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Employee Retirement Expense	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.	Full Name (Last, First, Middle Initial) American Funds Group	Transaction ID: SB21B.58319 Date of Disbursement 04 / 15 / 2009
	Mailing Address 6849 Old Dominion Drive	Amount of Each Disbursement this Period 500.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Employee Retirement Expense	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) ▼

C.	Full Name (Last, First, Middle Initial) Care First	Transaction ID: SB21B.58281 Date of Disbursement 01 / 20 / 2009
	Mailing Address PO Box 79749	Amount of Each Disbursement this Period 1800.00
	City Baltimore State MD Zip Code 21279	
	Purpose of Disbursement Medical Insurance	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) .....	2800.00
<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

A.	Full Name (Last, First, Middle Initial) Care First	Transaction ID: SB21B.58282 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="1800.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Care First	Transaction ID: SB21B.58283 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="1800.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Care First	Transaction ID: SB21B.58284 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="1800.00"/>
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5400.00"/>
<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

A.	Full Name (Last, First, Middle Initial) Care First	Transaction ID: SB21B.58285 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="05"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="1800.00"/>
	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.	Full Name (Last, First, Middle Initial) Care First	Transaction ID: SB21B.58286 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="1800.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Direct Concepts	Transaction ID: SB21B.58270 Date of Disbursement
	Mailing Address 44084 Riverside Parkway Suite 350	<input type="text" value="02"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="475.00"/>
	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) .....	<input type="text" value="4075.00"/>
<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

A.	Full Name (Last, First, Middle Initial) Direct Concepts	Transaction ID: SB21B.58304 Date of Disbursement
	Mailing Address 44084 Riverside Parkway Suite 350	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="950.00"/>
	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.	Full Name (Last, First, Middle Initial) C.E. Jones	Transaction ID: SB21B.60503 Date of Disbursement
	Mailing Address 2705 Knox Terrace	<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20020	Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services	<input type="text" value="750.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) MDI Imaging	Transaction ID: SB21B.58325 Date of Disbursement
	Mailing Address 21721-A Filigree Court	<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Ashburn State VA Zip Code 20147	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="7820.00"/>
	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) .....	<input type="text" value="9520.00"/>
<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) MDI Imaging</p> <p>Mailing Address 21721-A Filigree Court</p> <p>City Ashburn State VA Zip Code 20147</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58329</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5796.22"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Northwestern Mutual Life</p> <p>Mailing Address 720 East Wisconsin Avenue</p> <p>City Milwaukee State WI Zip Code 53202</p> <p>Purpose of Disbursement Medical Insurance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58302</p> <p>Date of Disbursement</p> <p><input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="390.66"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Patriot Data Services</p> <p>Mailing Address 44084 Riverside Parkway</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58306</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2509.90"/></p>

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

**8696.78**

**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

A.	Full Name (Last, First, Middle Initial) Paychex Services	Transaction ID: SB21B.60502 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="01"/> <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="351.89"/>
	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.	Full Name (Last, First, Middle Initial) Paychex Services	Transaction ID: SB21B.58275 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="339.94"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Paychex Services	Transaction ID: SB21B.60501 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="341.73"/>
	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) .....	<input type="text" value="1033.56"/>
<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

A.	Full Name (Last, First, Middle Initial) Paychex Services	Transaction ID: SB21B.58318 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="334.76"/>
	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.	Full Name (Last, First, Middle Initial) Paychex Services	Transaction ID: SB21B.58322 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="337.94"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Paychex Services	Transaction ID: SB21B.60500 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="437.44"/>
	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) .....	<input type="text" value="1110.14"/>
<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

A.	Full Name (Last, First, Middle Initial) Public Storage	Transaction ID: SB21B.58337 Date of Disbursement																			
	Mailing Address 5420 Randolph 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>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	2		2	0	0	9												
	City Rockville State MD Zip Code 20852	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Storage Expense	<table border="1"><tr><td>392.35</td></tr></table>	392.35																		
392.35																					
	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.	Full Name (Last, First, Middle Initial) Richard Norman Company	Transaction ID: SB21B.58271 Date of Disbursement																			
	Mailing Address 44084 Riverside Parkway	<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>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	0	9												
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Direct Mail & Creative Fees - Generic	<table border="1"><tr><td>4769.16</td></tr></table>	4769.16																		
4769.16																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Richard Norman Company	Transaction ID: SB21B.58278 Date of Disbursement																			
	Mailing Address 44084 Riverside Parkway	<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>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	9												
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<table border="1"><tr><td>8264.46</td></tr></table>	8264.46																		
8264.46																					
	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) .....	<table border="1"><tr><td>13425.97</td></tr></table>	13425.97
13425.97		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Richard Norman Company</p> <p>Mailing Address 44084 Riverside Parkway</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement Direct Mail &amp; Creative Fees - Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58327</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 4521.24</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Richard Norman Company</p> <p>Mailing Address 44084 Riverside Parkway</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement Direct Mail &amp; Creative Fees - Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58333</p> <p>Date of Disbursement 06 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 11655.27</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Robertson Mailing List Company</p> <p>Mailing Address 44084 Riverside Pkwy, Ste 350</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58272</p> <p>Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 3333.73</p>

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

19510.24

**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

A.	Full Name (Last, First, Middle Initial) Robertson Mailing List Company  Mailing Address 44084 Riverside Pkwy, Ste 350  City Lansdowne State VA Zip Code 20176  Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <input type="text"/> Category/Type <input type="text"/>  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:	Transaction ID: SB21B.58305 Date of Disbursement MM / DD / YYYY 03 / 05 / 2009  Amount of Each Disbursement this Period 4591.20
B.	Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing  Mailing Address 2600 Topeka Blvd  City Topeka State KS Zip Code 66617  Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <input type="text"/> Category/Type <input type="text"/>  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:	Transaction ID: SB21B.58269 Date of Disbursement MM / DD / YYYY 02 / 10 / 2009  Amount of Each Disbursement this Period 3564.00
C.	Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing  Mailing Address 2600 Topeka Blvd  City Topeka State KS Zip Code 66617  Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <input type="text"/> Category/Type <input type="text"/>  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:	Transaction ID: SB21B.58317 Date of Disbursement MM / DD / YYYY 04 / 06 / 2009  Amount of Each Disbursement this Period 10667.55

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

18822.75

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing  Mailing Address 2600 Topeka Blvd  City Topeka State KS Zip Code 66617  Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21B.58320 Date of Disbursement 04 / 21 / 2009  Amount of Each Disbursement this Period 7049.16
<b>B.</b>	Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing  Mailing Address 2600 Topeka Blvd  City Topeka State KS Zip Code 66617  Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21B.58331 Date of Disbursement 06 / 12 / 2009  Amount of Each Disbursement this Period 4645.91
<b>C.</b>	Full Name (Last, First, Middle Initial) Star Envelope  Mailing Address P.O. Box 740209  City Atlanta State GA Zip Code 30374  Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <span style="float: right;">Category/Type</span>  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:	Transaction ID: SB21B.58309 Date of Disbursement 02 / 27 / 2009  Amount of Each Disbursement this Period 966.38

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

12661.45

**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)

PAGE 57 / 63

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Star Envelope</p> <p>Mailing Address P.O. Box 740209</p> <p>City Atlanta State GA Zip Code 30374</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58307</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 966.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Star Envelope</p> <p>Mailing Address P.O. Box 740209</p> <p>City Atlanta State GA Zip Code 30374</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58330</p> <p>Date of Disbursement MM / DD / YYYY 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 3898.28</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58311</p> <p>Date of Disbursement MM / DD / YYYY 01 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 5010.35</p>

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

9875.01

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.60497</p> <p>Date of Disbursement 01 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 6711.29</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58312</p> <p>Date of Disbursement 02 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 5021.30</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58313</p> <p>Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 4821.12</p>

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

16553.71

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58314</p> <p>Date of Disbursement 04 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 4859.77</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58315</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 4879.55</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Synergy Workplaces</p> <p>Mailing Address 1325 G Street, N.W. Suite 120</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Workspace Expense (Rent, Utilities, etc)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58316</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 4953.42</p>

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

14692.74

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tri-State Envelope</p> <p>Mailing Address PO Box 433</p> <p>City Beltsville State MD Zip Code 20704-0433</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58336</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1032.97"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Valley Press, Inc</p> <p>Mailing Address 44084 Riverside Parkway Suite 350</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58273</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1061.95"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Valley Press, Inc</p> <p>Mailing Address 44084 Riverside Parkway Suite 350</p> <p>City Lansdowne State VA Zip Code 20176</p> <p>Purpose of Disbursement Lettershop &amp; Printshop Fees- Generic</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.58323</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8675.84"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10770.76"/>
<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

A.	Full Name (Last, First, Middle Initial) Valley Press, Inc	Transaction ID: SB21B.58328 Date of Disbursement 06 / 08 / 2009
	Mailing Address 44084 Riverside Parkway Suite 350	Amount of Each Disbursement this Period 6004.53
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.58276 Date of Disbursement 02 / 17 / 2009
	Mailing Address PO Box 7120	Amount of Each Disbursement this Period 221.30
	City Tucson State AZ Zip Code 85731-7120	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Verizon Wireless	Transaction ID: SB21B.58321 Date of Disbursement 04 / 15 / 2009
	Mailing Address PO Box 7120	Amount of Each Disbursement this Period 189.30
	City Tucson State AZ Zip Code 85731-7120	
	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) .....	6415.13
<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) Verizon Wireless Mailing Address PO Box 7120 City Tucson State AZ Zip Code 85731-7120 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) ▼	Transaction ID: SB21B.58326 Date of Disbursement MM / DD / YYYY 05 / 21 / 2009
	Amount of Each Disbursement this Period 210.06
<b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 7120 City Tucson State AZ Zip Code 85731-7120 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) ▼	Transaction ID: SB21B.58332 Date of Disbursement MM / DD / YYYY 06 / 11 / 2009
	Amount of Each Disbursement this Period 198.86

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

408.92

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

209000.80

**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 5938.42	<b>Transaction ID: SD10.15734</b>	
Amount Incurred This Period 7568.25	Payment This Period 5938.42	Outstanding Balance at Close of This Period 7568.25

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Synergy Workplaces	Nature of Debt (Purpose): Workspace Expense (Rent, Utilities, etc)
Mailing Address 1325 G Street, N.W. Suite 120	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 6711.29	<b>Transaction ID: SD10.58262</b>	
Amount Incurred This Period 0.00	Payment This Period 6711.29	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	7568.25
2) <b>TOTALS</b> This Period (last page this line number only).....	7568.25
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	7568.25