Image# 12952636915 PAGE 1/2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Rick W. Allen for Cong	gress					
ADDRESS (number and street) P. O. Bo						
CITY, STATE, and ZIP CODE					-	
Augusta			GA 30903			
2. NAME OF CANDIDATE Richard W Allen			3. OFFICE SOUGHT (State and District)		4. FEC IDENTIFICATION NUMBER	
			House	GA 12	C00504019	
5. IS THIS AN AMENDMENT? NO,	THIS IS A NEW FILING		YES, IT AMENDS THE	NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP (	CODE		Name of Employer		Date (month,	Amount
Mark L Cain			Augusta Urology As	ssociates	day, year)	
					08/13/2012	1000
7 Highgate W			Transaction ID : F6	5_CN916		
			Occupation Occupation	13-CN010		
Augusta	GA 309	909	Physician			
B. FULL NAME, MAILING ADDRESS AND ZIP (	CODE		Name of Employer		Date (month,	Amount
Mr. Edwin M Crawford			Self Employed		day, year)	
4410 Howell PI					08/13/2012	2500
			Transaction ID : F65-CN820			
			Occupation			
Nashville	TN 372	205	Self Employed			
C. FULL NAME, MAILING ADDRESS AND ZIP (	CODE		Name of Employer		Date (month,	Amount
Mrs. Jane W Howingtor	1		Self		day, year)	
2312 Walton Way					08/13/2012	1000
2312 Walton Way			Transaction ID : F65-CN822			
			Occupation			
Augusta	GA 309	904	Homemaker			
D. FULL NAME, MAILING ADDRESS AND ZIP (	CODE		Name of Employer		Date (month, day, year)	Amount
David Kirkland			Retired			
235 Wells Rd.					08/13/2012	1000
233 Wells Itu.			Transaction ID : F6	5-CN819		
			Occupation			
Palm Beach	FL 334	480	Retired			
E. FULL NAME, MAILING ADDRESS AND ZIP O	CODE		Name of Employer		Date (month, day, year)	Amount
Mrs. Connie M Melear			R W Allen LLC		uay, year)	
4262 Wetersten Countyard					08/13/2012	2500
4262 Waterston Courtyard			Transaction ID : F65-CN824			
			Occupation Occupation			
Evans	GA 308	809	CFO			
SIGNATURE (optional) E. G. Meybohm			DATE 08/13/2012			formation contact:
E. G. Meyoonin			[Electronically Filed]	00/13/2012	Federal Election Commission 999 E Street, NW, Washington, DC 20463	
						9530, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



Image# 12952636916 PAGE 2 / 2

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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NAME OF COMMITTEE IN FULL     Rick W. Allen for Congres	s				
ADDRESS (number and street) P. O. Box 33			1		
CITY, STATE, and ZIP CODE	continuation page				
Augusta		GA 30903	4. FEC IDENTIFICATION NUMBER		
2. NAME OF CANDIDATE Richard W Allen		3. OFFICE SOUGHT (State and District) House GA 12	C00504019		
			000001010		
5. ISTHIS AN AMENDMENT? NO, THIS I	S A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	//////		
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount	
Mr. Logan Nalley Jr		Self	day, year)		
-			08/13/2012	1000	
2229 Pickens Rd.		Transaction ID : F65-CN821			
		Occupation Occupation			
Augusta	GA 30904	Prosthodontist			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount	
Mr. H M Osteen Jr		None	day, year)		
			08/13/2012	1000	
604 Milledge Rd					
		Transaction ID : F65-CN818			
Augusta	GA 30904	Occupation Retired			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount	
Mr. Paul S Simon		Morris Communications Corp	day, year)		
Wit. I adi 3 Simon		Worns Communications Corp	08/13/2012	2500	
14 West Highgate St.			00/10/2012	2000	
		Transaction ID : F65-CN817			
Augusta	GA 30909	Occupation			
		Retired	Date (month,	Amount	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	day, year)	Amount	
Hiram Thompson		Thompson Wrecking Company	08/13/2012	1000	
1019 Emerald Pl			06/13/2012	1000	
		Transaction ID : F65-CN823			
_		Occupation			
Evans	GA 30809	President			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount	
			,,,,,,,		
		Occupation			