



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="12637.04"/>	<input type="text" value="12637.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35284.70"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="61646.47"/>	<input type="text" value="502561.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="96931.17"/>	<input type="text" value="515198.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="64825.90"/>	<input type="text" value="483093.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32105.27"/>	<input type="text" value="32105.27"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="191318.25"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

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

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).....	13755.00	95875.00
(ii) Unitemized .....	47867.47	406522.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	61622.47	502397.27
(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) .....	61622.47	502397.27
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).....	24.00	164.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	61646.47	502561.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	61646.47	502561.27

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	59022.22	447142.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	59022.22	447142.24
22. Transfers to Affiliated/Other Party Committees.....	803.68	20850.80
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	14100.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	64825.90	483093.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64825.90	483093.04

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	61622.47	502397.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61622.47	502397.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	59022.22	447142.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	24.00	164.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	58998.22	446978.24

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. DR JAMES A ALBRIGHT 061 MD</b>		Date of Receipt
Mailing Address 51 BROOKSIDE BLVD		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.28961</b>
WEST HARTFORD	CT	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="40.00"/>
Name of Employer	Occupation	
RETIRED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR ROY E ALLEN 456</b>		Date of Receipt
Mailing Address 178 MILL RUN RD LOT 23		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.28968</b>
WAVERLY	OH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR RAY R BARRETT 797 JR</b>		Date of Receipt
Mailing Address HC 34 BOX 3		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.29040</b>
MIDKIFF	TX	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="300.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	FARMER / RANCHER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="360.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 7 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR WM H CLARK 752 III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 MAPLEWOOD AVE  
 City DALLAS State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation NONE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.29352**  
 Amount of Each Receipt this Period  
 5000.00

**B. MR EDWARD CLARKE 068**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 LEDGE RD APT 127  
 City DARIEN State CT Zip Code 06820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 02 / 2014  
**Transaction ID : SA11AI.29354**  
 Amount of Each Receipt this Period  
 250.00

**C. HARROLL CLEMMER 769**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5812 PECAN VALLEY LN  
 City SAN ANGELO State TX Zip Code 76904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.29361**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5350.00  
**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 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS ELEANOR COBB 900</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014 <b>Transaction ID : SA11AI.29362</b>
Mailing Address 131 S VISTA ST		Amount of Each Receipt this Period 250.00
City LOS ANGELES	State Zip Code CA 90036	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 450.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MRS ELEANOR COBB 900</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014 <b>Transaction ID : SA11AI.29363</b>
Mailing Address 131 S VISTA ST		Amount of Each Receipt this Period 250.00
City LOS ANGELES	State Zip Code CA 90036	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR RONALD CRISLIP 494</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014 <b>Transaction ID : SA11AI.29420</b>
Mailing Address 2319 TYLER ST		Amount of Each Receipt this Period 35.00
City JENISON	State Zip Code MI 49428	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 279.95
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS BRIGITTE S CROMWELL 068**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 STONY LN  
 City NORWALK State CT Zip Code 06850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : SA11AI.29422**  
 Amount of Each Receipt this Period  
 100.00

**B. MRS GWEN S CRYAN 956**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 166 LEMON TREE CIR  
 City VACAVILLE State CA Zip Code 95687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NONE Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : SA11AI.29432**  
 Amount of Each Receipt this Period  
 150.00

**C. MR MCDARA P FOLAN 110 JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 232  
 City PORT WASHINGTON State NY Zip Code 11050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.29657**  
 Amount of Each Receipt this Period  
 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. GENEVIEVE M GALLIFORD 341</b>		Date of Receipt
Mailing Address 7425 PELICAN BAY BLVD PH 2202		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
NAPLES	FL	34108
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.29727</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
GENEVIEVE GALLIFORD LLC	DEVELOPER	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MS RUTH R GLANCY 482</b>		Date of Receipt
Mailing Address 40 PRESTON PL		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
GROSSE POINTE FARM	MI	48236
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.29766</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY LIGGETT SCHOOL	MEMBER OF THE BOARD	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MRS MERCEDES T GOVERT 610</b>		Date of Receipt
Mailing Address 14A 46MARINA VIEW DR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
APPLE RIVER	IL	61001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.29789</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2035.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR RICHARD S GRIFFITH 705</b>		Date of Receipt
Mailing Address PO BOX 91610		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAFAYETTE	LA	70509
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.29819</b>
SELF EMPLOYED	INVESTOR	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="850.00"/>	<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. MR RICHARD S GRIFFITH 705</b>		Date of Receipt
Mailing Address PO BOX 91610		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAFAYETTE	LA	70509
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.29818</b>
SELF EMPLOYED	INVESTOR	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1350.00"/>	<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. MS ELLA M HELM 300</b>		Date of Receipt
Mailing Address 3385 HALLMARK DR SE		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
MARIETTA	GA	30067
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11AI.29921</b>
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="745.00"/>	<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<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 12 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR PAUL E JACKSON 324**  
Full Name (Last, First, Middle Initial)  
Mailing Address 917 MARINA DR

City PANAMA CITY BEACH	State FL	Zip Code 32407
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : SA11AI.30037**

Amount of Each Receipt this Period  
 100.00

**B. MR JAMES JAKOBEK 024**  
Full Name (Last, First, Middle Initial)  
Mailing Address 50 BURR DR

City NEEDHAM	State MA	Zip Code 02492
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : SA11AI.30044**

Amount of Each Receipt this Period  
 200.00

**C. MR ROBERT KRANE 802**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11 POLO FIELD LN

City DENVER	State CO	Zip Code 80209
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2014  
**Transaction ID : SA11AI.30184**

Amount of Each Receipt this Period  
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR ROBERT KRANE 802</b>		Date of Receipt
Mailing Address 11 POLO FIELD LN		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
DENVER	CO	80209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30185</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR ROBERT KRANE 802</b>		Date of Receipt
Mailing Address 11 POLO FIELD LN		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
DENVER	CO	80209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30186</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="395.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MR ROBERT KUSSMAN 985</b>		Date of Receipt
Mailing Address 3715 PRESTWICK LN SE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
OLYMPIA	WA	98501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30212</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<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 14 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS PHYLLIS O LEWELLYN 300**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1125 TIMBERLAND DR SE

City MARIETTA	State GA	Zip Code 30067
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2014  
**Transaction ID : SA11AI.30274**

Amount of Each Receipt this Period  
45.00

**B. MRS RUTH MARK 465**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1811 WOODGATE DR

City GOSHEN	State IN	Zip Code 46526
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2014  
**Transaction ID : SA11AI.30381**

Amount of Each Receipt this Period  
25.00

**C. MRS RUTH MARK 465**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1811 WOODGATE DR

City GOSHEN	State IN	Zip Code 46526
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2014  
**Transaction ID : SA11AI.30378**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MRS RUTH MARK 465</b>		Date of Receipt
Mailing Address 1811 WOODGATE DR		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.30380</b>
GOSHEN	IN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="25.00"/>
	46526	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR WILLIAM L MARLIN 922</b>		Date of Receipt
Mailing Address 41505 CARLOTTA DR APT 222		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.30385</b>
PALM DESERT	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="45.00"/>
	92211	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="245.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DR CRAIG MORGAN 257</b>		Date of Receipt
Mailing Address 1611 13TH AVE		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	<b>Transaction ID : SA11AI.30559</b>
HUNTINGTON	WV	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="90.00"/>
	25701	
Name of Employer	Occupation	
SELF EMPLOYED	DOCTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="160.00"/>
<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 16 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial) <b>A. MR PAUL D NELSON 472</b>		Date of Receipt
Mailing Address 4895 PINE RIDGE DR APT 108		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
COLUMBUS	IN	47201
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30610</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="375.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="625.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MR CECIL O'BRATE 678</b>		Date of Receipt
Mailing Address PO BOX 399		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
GARDEN CITY	KS	67846
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30649</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
PALMER MFG & TANK INC	PRESIDENT	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MRS KAY POITRAS 338</b>		Date of Receipt
Mailing Address 949 HAMILTON CIR		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
HAINES CITY	FL	33844
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30779</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="875.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 17 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MS ELIZABETH QUINLAN 662**  
Full Name (Last, First, Middle Initial)

Mailing Address 5901 W 107TH ST APT 157

City OVERLAND PARK	State KS	Zip Code 66207
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2014

**Transaction ID : SA11AI.30805**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 420 41ST AVE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

**Transaction ID : SA11AI.30814**

Amount of Each Receipt this Period  
45.00

**C. MR WALTER SCHOONMAKER 105**  
Full Name (Last, First, Middle Initial)

Mailing Address 64 POE ST

City HARTSDALE	State NY	Zip Code 10530
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2014

**Transaction ID : SA11AI.31021**

Amount of Each Receipt this Period  
45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. PAUL SEEGER 752**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12720 HILLCREST RD STE 530

City DALLAS	State TX	Zip Code 75230
FEC ID number of contributing federal political committee. C		
Name of Employer SEEGER DRILLING CO	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt  
07 / 28 / 2014  
**Transaction ID : SA11AI.31041**

Amount of Each Receipt this Period  
500.00

**B. MR HERBERT SIEGEL 100**  
Full Name (Last, First, Middle Initial)  
Mailing Address 190 E 72ND ST

City NEW YORK	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		
Name of Employer NEWS AMERICA INC	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Date of Receipt  
07 / 07 / 2014  
**Transaction ID : SA11AI.31091**

Amount of Each Receipt this Period  
1000.00

**C. MR BOB STACEY 744**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1205 W 4TH ST APT 71A

City TAHLEQUAH	State OK	Zip Code 74464
FEC ID number of contributing federal political committee. C		
Name of Employer NONE	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : SA11AI.31170**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR JACK STEPHENSON 032**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 BRIARCLIFF RD  
 City State Zip Code  
 GILFORD NH 03249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WARMLITE OF GILFORD FOUNDER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : SA11AI.31196**  
 Amount of Each Receipt this Period  
 90.00

**B. MR CARL G STEVENSON 851**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1039  
 City State Zip Code  
 RED ROCK AZ 85145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RED ROCK FEEDING CO BUSINESS OWNER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2014  
**Transaction ID : SA11AI.31214**  
 Amount of Each Receipt this Period  
 150.00

**C. MR DONALD KEARN SURGEON 620**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 363  
 City State Zip Code  
 JERSEYVILLE IL 62052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NONE RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2014  
**Transaction ID : SA11AI.31249**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A. MR VICTOR E VANDAMME 891**  
Full Name (Last, First, Middle Initial)

Mailing Address 5113 PATRICIA AVE

City LAS VEGAS State NV Zip Code 89130

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11AI.31395**

Amount of Each Receipt this Period  
**200.00**

**B. MRS ROSALIE J WILLIAMSON 329**  
Full Name (Last, First, Middle Initial)

Mailing Address 6450 36TH LN

City VERO BEACH State FL Zip Code 32966

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

Name of Employer RETIRED Occupation BUSINESSWOMAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2014**

**Transaction ID : SA11AI.31507**

Amount of Each Receipt this Period  
**100.00**

**C. MR CARL WRIGHT 450**  
Full Name (Last, First, Middle Initial)

Mailing Address 5807 FALLING BROOK DR

City MASON State OH Zip Code 45040

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

Name of Employer NONE Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 01 / 2014**

**Transaction ID : SA11AI.31545**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>550.00</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 21 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

**A.** Full Name (Last, First, Middle Initial)  
**MS BONNIE J YOUNG 945**

Mailing Address **485 JUANA AVE**

City **SAN LEANDRO** State **CA** Zip Code **94577**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**07 / 29 / 2014**

**Transaction ID : SA11AI.31559**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>13755.00</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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. BASE CONNECT INC**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB21B.28912**

Amount of Each Disbursement this Period

6329.66

Full Name (Last, First, Middle Initial)

**B. BASE CONNECT INC**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - CREATIVE

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB21B.28913**

Amount of Each Disbursement this Period

8260.65

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING LLC**

Mailing Address 504 SHAW RD  
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
CAGING SERVICES

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB21B.28914**

Amount of Each Disbursement this Period

480.20

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

15070.51

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.28916**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

2313.44
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**VIGOP**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.28917**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

18516.05
----------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**VIGOP**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.28918**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

5624.04
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name

**VIGOP**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

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

26453.53
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**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Mailing Address 1155 - 15TH STREET  
SUITE 410

**Transaction ID : SB21B.28919**

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

2192.34
---------

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003
Category/ Type

Candidate Name  
**VIGOP**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**B. COAST TO COAST STRATEGIES LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Mailing Address 555 - 12TH STREET NW  
SUITE 630

**Transaction ID : SB21B.28920**

City WASHINGTON State DC Zip Code 20004

Amount of Each Disbursement this Period

99.96
-------

Purpose of Disbursement  
FUNDRAISING COMMISSION

001
Category/ Type

Candidate Name  
**VIGOP**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		17		2014

Mailing Address 504 SHAW RD  
SUITE 504

**Transaction ID : SB21B.28922**

City STERLING State VA Zip Code 20166

Amount of Each Disbursement this Period

1191.46
---------

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP

003
Category/ Type

Candidate Name  
**VIGOP**

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

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

3483.76
---------

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

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# 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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

### A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

Category/  
Type

Candidate Name  
**VIGOP**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : **SB21B.28923**

Amount of Each Disbursement this Period

71.19
-------

Full Name (Last, First, Middle Initial)

### B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

Category/  
Type

Candidate Name  
**VIGOP**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : **SB21B.28925**

Amount of Each Disbursement this Period

9.93
------

Full Name (Last, First, Middle Initial)

### C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
SERVICE CHARGE

Category/  
Type

Candidate Name  
**VIGOP**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : **SB21B.28928**

Amount of Each Disbursement this Period

292.31
--------

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

373.43
--------

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

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**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CUSTOM CREDIT BILLING

Category/  
Type

Candidate Name  
**VIGOP**

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

Date of Disbursement

/  /

**Transaction ID : SB21B.28924**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CUSTOM CREDIT BILLING

Category/  
Type

Candidate Name  
**VIGOP**

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

Date of Disbursement

/  /

**Transaction ID : SB21B.28926**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
CUSTOM CREDIT BILLING

Category/  
Type

Candidate Name  
**VIGOP**

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

Date of Disbursement

/  /

**Transaction ID : SB21B.28929**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
MERCHANT DISCOUNT FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

**Transaction ID : SB21B.28927**

Amount of Each Disbursement this Period

10.00
-------

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
MERCHANT DISCOUNT FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

**Transaction ID : SB21B.28930**

Amount of Each Disbursement this Period

710.44
--------

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code  
FAIRFAX VA 22040

Purpose of Disbursement  
MERCHANT DISCOUNT FEE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

**Transaction ID : SB21B.28931**

Amount of Each Disbursement this Period

174.66
--------

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

895.10
--------

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

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**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. LEGACY LIST MANAGEMENT CORP**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB21B.28933**

Amount of Each Disbursement this Period

9715.05

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT CORP**

Mailing Address 1155 - 15TH STREET  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB21B.28934**

Amount of Each Disbursement this Period

1769.08

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR  
#806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 17 / 2014

Transaction ID : **SB21B.28935**

Amount of Each Disbursement this Period

739.40

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

12223.53

**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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. SIMPKINS ESCROW SERVICES LLC**

Mailing Address 29\*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
ESCROW SERVICES

Category/  
Type

Candidate Name  
**VIGOP**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.28936**

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Mailing Address PO BOX 295

City State Zip Code  
CHRISTIANSTED VI 00821

Purpose of Disbursement  
TRANSFER TO TERRITORIAL CMTE

008

Candidate Name

**VIGOP**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2014

Transaction ID : SB22.28941

Amount of Each Disbursement this Period

803.68

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

803.68

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

803.68

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

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NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

### A. BENTIVOLIO FOR CONGRESS

Mailing Address PO BOX 886

City State Zip Code  
WALLED LAKE MI 48390

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011

Candidate Name

**BENTIVOLIO FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2014

Transaction ID : SB23.28940

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

5000.00
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5000.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

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

Outstanding Balance Beginning This Period 63222.29	<b>Transaction ID : SD10.7789</b>	
Amount Incurred This Period 0.00	Payment This Period 14590.31	Outstanding Balance at Close of This Period 48631.98

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

Outstanding Balance Beginning This Period 11435.00	<b>Transaction ID : SD10.7791</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11435.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CONSOLIDATED MAILING SERVICES</b>	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 504 SHAW RD SUITE 504	
City State Zip Code STERLING VA 20166	

Outstanding Balance Beginning This Period 76254.38	<b>Transaction ID : SD10.7792</b>	
Amount Incurred This Period 0.00	Payment This Period 1191.46	Outstanding Balance at Close of This Period 75062.92

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	135129.90
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 33 OF 33
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DONOR BUREAU</b>	Nature of Debt (Purpose): LIST ENHANCEMENT SERVICES
Mailing Address 1900 N CULPEPPER ST	
City State Zip Code ARLINGTON VA 22207	

Outstanding Balance Beginning This Period 1881.38	<b>Transaction ID : SD10.7798</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1881.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LEGACY LIST MANAGEMENT CORP</b>	Nature of Debt (Purpose): DIRECT MAIL - LIST RENTALS
Mailing Address 1155 - 15TH STREET SUITE 410	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 59182.30	<b>Transaction ID : SD10.15277</b>	
Amount Incurred This Period 0.00	Payment This Period 11484.13	Outstanding Balance at Close of This Period 47698.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>MACKENZIE &amp; COMPANY</b>	Nature of Debt (Purpose): CONSULTING - COMPLIANCE
Mailing Address 2776 S ARLINGTON MILL DR #806	
City State Zip Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period 6608.80	<b>Transaction ID : SD10.7794</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6608.80

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	56188.35
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	191318.25
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) ▶	191318.25