

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2029 P STREET NW SUITE 302  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20036

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 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 2008 through 03 31 2008

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 04 12 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		38478.68
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	38478.68									
(c) Total Receipts (from Line 19) .....	210679.44	210679.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	249158.12	249158.12								
7. Total Disbursements (from Line 31) .....	205590.94	205590.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	43567.18	43567.18								
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) .....	8594.29									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	33940.50	33940.50
(i) Itemized (use Schedule A) .....	176738.94	176738.94
(ii) Unitemized .....	210679.44	210679.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	210679.44	210679.44
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)) .....	210679.44	210679.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	210679.44	210679.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	204265.94	204265.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	204265.94	204265.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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.....	325.00	325.00
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))..	205590.94	205590.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	205590.94	205590.94

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	210679.44	210679.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	210679.44	210679.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	204265.94	204265.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	204265.94	204265.94

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

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

FOR LINE NUMBER: PAGE 6 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
H JOHN ADAMS, MR.  
Mailing Address 300 HOT SPRINGS RD #A20  
City State Zip Code  
**SANTA BARBARA CA 93108-2038**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY  
**01 / 18 / 2008**  
**Transaction ID: SA11AI.36514**  
Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
R JOHN ALEXANDER, MR  
Mailing Address 1447 17TH ST APT 76B  
City State Zip Code  
**SANTA MONICA CA 90404-2848**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 268.00  
Date of Receipt MM / DD / YYYY  
**01 / 22 / 2008**  
**Transaction ID: SA11AI.36553**  
Amount of Each Receipt this Period  
268.00

**C.** Full Name (Last, First, Middle Initial)  
R JOHN ALEXANDER, MR  
Mailing Address 1447 17TH ST APT 76B  
City State Zip Code  
**SANTA MONICA CA 90404-2848**  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
RETIRED CONSULTANT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 468.00  
Date of Receipt MM / DD / YYYY  
**03 / 19 / 2008**  
**Transaction ID: SA11AI.36552**  
Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... **968.00**  
**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 / 81
(check only one)	
<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"/>	<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) E MATTHIAS BACHMAN, MR.		Date of Receipt MM / DD / YYYY 03 / 28 / 2008		
	Mailing Address PO BOX 493		<b>Transaction ID:</b> SA11AI.36718		
	City MIDLAND	State TX	Zip Code 79702-0493	Amount of Each Receipt this Period 70.00	
	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 ▼ 240.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) MR. LOWELL BEHN		Date of Receipt MM / DD / YYYY 02 / 21 / 2008		
	Mailing Address 133 TANGLEWOOD DR W		<b>Transaction ID:</b> SA11AI.36862		
	City ORCHARD PARK	State NY	Zip Code 14127-3520	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer AMM CO INC	Occupation PUBLISHER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR. LOWELL BEHN		Date of Receipt MM / DD / YYYY 02 / 25 / 2008		
	Mailing Address 133 TANGLEWOOD DR W		<b>Transaction ID:</b> SA11AI.36860		
	City ORCHARD PARK	State NY	Zip Code 14127-3520	Amount of Each Receipt this Period 66.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer AMM CO INC	Occupation PUBLISHER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 316.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>236.00</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 8 / 81  
(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 OLIVER BIVINS

Mailing Address 2028 S AUSTIN ST

City State Zip Code  
AMARILLO TX 79109-1934

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.36945

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2028 S AUSTIN ST

City State Zip Code  
AMARILLO TX 79109-1934

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

Name of Employer RETIRED      Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 8

**Transaction ID:** SA11AI.36946

Amount of Each Receipt this Period  
500.00

**C.** 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 RETIRED      Occupation RETIRED

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

**Transaction ID:** SA11AI.37105

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: (check only one)	PAGE 9 / 81
	<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)  
D JOHN BRYAN, MR

Mailing Address PO BOX 1929

City LAKE OSWEGO State OR Zip Code 97035-0019

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 11 / 2008

**Transaction ID: SA11AI.37181**

Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 62511 LOCUST RD

City SOUTH BEND State IN Zip Code 46614

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 01 / 28 / 2008

**Transaction ID: SA11AI.37367**

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
S BETTY CLINE, MRS

Mailing Address 211 MILSTEAD WAY

City GREENVILLE State SC Zip Code 29615

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

Name of Employer PHYSICIAN ANESTHESIA OF PU Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 17 / 2008

**Transaction ID: SA11AI.37491**

Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**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 / 81  
(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)  
MISS ESTELLE CROCKETT

Mailing Address 1203 1ST AVE E

City State Zip Code  
**BIG STONE GAP VA 24219-3161**

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID: SA11AI.37688**

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
MISS ESTELLE CROCKETT

Mailing Address 1203 1ST AVE E

City State Zip Code  
**BIG STONE GAP VA 24219-3161**

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

**Transaction ID: SA11AI.37686**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MISS ESTELLE CROCKETT

Mailing Address 1203 1ST AVE E

City State Zip Code  
**BIG STONE GAP VA 24219-3161**

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

Name of Employer Occupation  
RETIRED RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2008

**Transaction ID: SA11AI.37687**

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 81
	<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) MS MARJORIE DAVIS	Date of Receipt MM / DD / YYYY 01 / 09 / 2008
	Mailing Address 6 HUCKLEBERRY LN	<b>Transaction ID:</b> SA11AI.37780
	City State Zip Code AUGUSTA ME 04330-6022	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED RET	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Bernard Dieroff	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address PO Box 335	<b>Transaction ID:</b> SA11AI.37913
	City State Zip Code Lincoln Park MI 48146-3128	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Morris Dorrance	Date of Receipt MM / DD / YYYY 03 / 10 / 2008
	Mailing Address 1240 Arrowmink Rd	<b>Transaction ID:</b> SA11AI.37941
	City State Zip Code Villanova PA 19085	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DELPHI ENGINEER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 81  
(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)  
Rev Horald Drexler

Mailing Address 2215 Windsor Ave

City State Zip Code  
Dubuque IA 52001-0623

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

Name of Employer  
RETIRED

Occupation  
ARMY OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2008

Transaction ID: SA11AI.37981

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
J Brewster Durkee, Mr

Mailing Address 5027 River Point Rd

City State Zip Code  
Jacksonville FL 32207

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

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2008

Transaction ID: SA11AI.38014

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
P BERNIS ELVERUM, MS

Mailing Address 501 ST ST SE

City State Zip Code  
FARIBAULT MN 55021-6352

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

Name of Employer  
RETIRED

Occupation  
DESIGN ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2008

Transaction ID: SA11AI.38096

Amount of Each Receipt this Period  
120.00

**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 13 / 81  
(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)  
P BERNIS ELVERUM, MS

Mailing Address 501 ST ST SE

City FARIBAULT State MN Zip Code 55021-6352

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

Name of Employer RETIRED Occupation DESIGN ENGINEER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 03 / 24 / 2008  
**Transaction ID: SA11AI.38095**  
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 164 E 72ND ST

City NEW YORK State NY Zip Code 10021

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 27 / 2008  
**Transaction ID: SA11AI.38098**  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
F N P FANNING, MR

Mailing Address PO BOX 607

City UNIONVILLE State PA Zip Code 19375

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

Name of Employer SELF EMPLOYED Occupation FINANCIAL MANAG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 03 / 2008  
**Transaction ID: SA11AI.38176**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**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 14 / 81  
(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)  
B ALBERT FERGUSON, MR  
Mailing Address 300 FOX CHAPEL RD  
City PITTSBURGH State PA Zip Code 15238-2331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 215.00  
Date of Receipt 03 / 07 / 2008  
Transaction ID: SA11AI.38208  
Amount of Each Receipt this Period 115.00

**B.** Full Name (Last, First, Middle Initial)  
JEROME WM FLYNN, DR  
Mailing Address 2211 HARRISON AVE  
City PANAMA CITY State FL Zip Code 32405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BLUE ASH AIRPORT Occupation PILOT/RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 02 / 11 / 2008  
Transaction ID: SA11AI.38289  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
M VERN GIBSON, MR  
Mailing Address 1001 N PASADENA UNIT 27  
City MESA State AZ Zip Code 85201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SILVER ANVIL ENG CORP Occupation CHEMIST  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 341.00  
Date of Receipt 02 / 27 / 2008  
Transaction ID: SA11AI.38486  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 415.00  
**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 / 81

(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 GREEN

Mailing Address 4411 KENSINGTON RD

City	State	Zip Code
TALLAHASSEE	FL	32303

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.38582

Amount of Each Receipt this Period  
240.00

B.

Full Name (Last, First, Middle Initial)  
MR LAWRENCE HALL

Mailing Address PO BOX 728

City	State	Zip Code
ELIZABETHTOWN	KY	42702-0728

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

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 ▼ 225.00
---	------------------------------------

Date of Receipt

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

Transaction ID: SA11AI.38724

Amount of Each Receipt this Period  
125.00

C.

Full Name (Last, First, Middle Initial)  
MR LAWRENCE HALL

Mailing Address PO BOX 728

City	State	Zip Code
ELIZABETHTOWN	KY	42702-0728

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

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 ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.38721

Amount of Each Receipt this Period  
25.00

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

390.00

**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 16 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MR LAWRENCE HALL	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address PO BOX 728	<b>Transaction ID:</b> SA11AI.38722
	City State Zip Code ELIZABETHTOWN KY 42702-0728	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF-EMPLOYED SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr Kern Hamilton	Date of Receipt MM / DD / YYYY 03 / 24 / 2008
	Mailing Address 800 Blossom Hill Rd Unit E324	<b>Transaction ID:</b> SA11AI.38740
	City State Zip Code Los Gatos CA 95032	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) R AGNES HAYDEN, MS	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 3420 NE SUGARHILL AVE	<b>Transaction ID:</b> SA11AI.38855
	City State Zip Code JENSEN BEACH FL 34957	Amount of Each Receipt this Period 235.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>435.00</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 17 / 81  
(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 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 ▼ 495.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2008

**Transaction ID:** SA11AI.38856

Amount of Each Receipt this Period  
235.00

**B.** Full Name (Last, First, Middle Initial)  
H SUSAN HEADLEY, MS

Mailing Address 1224 WELLINGTON TER

City State Zip Code  
MAITLAND FL 32751-3448

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

Name of Employer Occupation  
SEMI RETIRED SEMI RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 22 / 2008

**Transaction ID:** SA11AI.38870

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
G JAMES HEATHER, MR

Mailing Address 10095 CREEK TRAIL CIR

City State Zip Code  
STOCKTON CA 95209

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

Name of Employer Occupation  
BROWN & BIGELOW SALESMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 25 / 2008

**Transaction ID:** SA11AI.38885

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **735.00**

**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 / 81  
(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 SCOTT HELBING

Mailing Address 128 GENESEO RD

City State Zip Code  
SAN ANTONIO TX 78209

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

Name of Employer Occupation  
IBM CORP. RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 04 / 2008

**Transaction ID:** SA11AI.38908

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR SCOTT HELBING

Mailing Address 128 GENESEO RD

City State Zip Code  
SAN ANTONIO TX 78209

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

Name of Employer Occupation  
IBM CORP. RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008

**Transaction ID:** SA11AI.38909

Amount of Each Receipt this Period  
270.00

**C.**

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

Mailing Address 3 Upper Price Rd

City State Zip Code  
Saint Louis MO 63132-4470

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

Name of Employer Occupation  
DOWNTOWN PHYSICIANS, INC MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID:** SA11AI.39140

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 / 81  
(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 James Howe, Mr  
Mailing Address 3 Upper Price Rd  
City Saint Louis State MO Zip Code 63132-4470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DOWNTOWN PHYSICIANS, INC Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: SA11AI.39141  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK  
Mailing Address PO BOX 562  
City OSAWATOMIE State KS Zip Code 66064-0562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 02 / 11 / 2008  
Transaction ID: SA11AI.39151  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
MR ROBERT HROMADNIK  
Mailing Address PO BOX 562  
City OSAWATOMIE State KS Zip Code 66064-0562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00  
Date of Receipt 03 / 28 / 2008  
Transaction ID: SA11AI.39152  
Amount of Each Receipt this Period 500.00

**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: PAGE 20 / 81  
(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 WALTON JENNINGS

Mailing Address 1580 E RIVER RD APT 513

City State Zip Code  
TUCSON AZ 85718-7630

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.39272

Amount of Each Receipt this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)  
MR CONRAD JONES

Mailing Address PO BOX 194

City State Zip Code  
SKYKOMISH WA 98288-0194

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

Name of Employer Occupation  
SELF-EMPLOYED SELF-EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 514.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.39341

Amount of Each Receipt this Period

514.00

**C.**

Full Name (Last, First, Middle Initial)  
W PATRICK KEMP, MR

Mailing Address 2900 SHIPMASTER WAY APT 301

City State Zip Code  
ANNAPOLIS MD 21401-7820

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 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.39464

Amount of Each Receipt this Period

100.00

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

1214.00

**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 / 81  
(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 MARGARET KENNEDY

Mailing Address 1190 GLENWOOD DR

City State Zip Code  
ABILENE TX 79605

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

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
01 / 25 / 2008

Transaction ID: SA11AI.39473

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1190 GLENWOOD DR

City State Zip Code  
ABILENE TX 79605

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  
MM / DD / YYYY  
02 / 05 / 2008

Transaction ID: SA11AI.39474

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1190 GLENWOOD DR

City State Zip Code  
ABILENE TX 79605

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 / 05 / 2008

Transaction ID: SA11AI.39471

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

**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 / 81  
(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 MARGARET KENNEDY

Mailing Address 1190 GLENWOOD DR

City State Zip Code  
ABILENE TX 79605

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 ▼ 383.00

Date of Receipt: 03 / 12 / 2008  
Transaction ID: SA11AI.39472  
Amount of Each Receipt this Period: 33.00

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

Mailing Address 6 HUNTER DR

City State Zip Code  
BEL AIR MD 21014-3934

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 / 10 / 2008  
Transaction ID: SA11AI.39534  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
W ROY KNIPPER, MR

Mailing Address 441 19 WHITE TAIL DR

City State Zip Code  
AURORA OH 44202-7514

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 / 27 / 2008  
Transaction ID: SA11AI.39577  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 183.00

**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  
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FOR LINE NUMBER: PAGE 23 / 81

(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 JAMES LANCASTER, MR.

Mailing Address 3 GOOSE LAKE DR.

City State Zip Code  
BARRINGTON IL 60010-5140

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

Name of Employer Occupation  
SELF EMPLOYED SELF EMPLOYED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.39709

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
R JAMES LANCASTER, MR.

Mailing Address 3 GOOSE LAKE DR.

City State Zip Code  
BARRINGTON IL 60010-5140

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

Name of Employer Occupation  
SELF EMPLOYED SELF EMPLOYED

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

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.39710

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR DORRANCE LANCE

Mailing Address 438 ALLOWAY FREISBURG RD

City State Zip Code  
BRIDGETON NJ 08302-5532

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.39713

Amount of Each Receipt this Period

75.00

**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 24 / 81  
(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 DORRANCE LANGE

Mailing Address 438 ALLOWAY FREISBURG RD

City State Zip Code  
BRIDGETON NJ 08302-5532

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) ▼ 325.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	8

**Transaction ID:** SA11AI.39714

Amount of Each Receipt this Period  
100.00

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

Mailing Address 4305 Erie St Apt 503

City State Zip Code  
Racine WI 53402-2861

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

Name of Employer Occupation  
BLUE ASH AIRPORT PILOT/RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 266.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	0	8

**Transaction ID:** SA11AI.39734

Amount of Each Receipt this Period  
66.00

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

Mailing Address 4305 Erie St Apt 503

City State Zip Code  
Racine WI 53402-2861

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

Name of Employer Occupation  
BLUE ASH AIRPORT PILOT/RETIRED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 416.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	8

**Transaction ID:** SA11AI.39735

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **316.00**

**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 / 81  
(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)  
L JAMES LONG, COL

Mailing Address 14223 HUNTER H1

City State Zip Code  
**SAN ANTONIO TX 78217**

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 **03 / 24 / 2008**

**Transaction ID: SA11AI.39902**

Amount of Each Receipt this Period **200.00**

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

Mailing Address 2205 CHANNEL WAY

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

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 **02 / 04 / 2008**

**Transaction ID: SA11AI.39910**

Amount of Each Receipt this Period **175.00**

**C.** 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 **02 / 15 / 2008**

**Transaction ID: SA11AI.39932**

Amount of Each Receipt this Period **250.00**

**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: (check only one)	PAGE 26 / 81
	<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) MS PATRICIA LYNCH		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address PO BOX 2176		Transaction ID: SA11AI.39950		
	City EDWARDS	State CO	Zip Code 81632-2176	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ADCOCK & ASSOC	Occupation REAL ESTATE BRK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) A ANTHONY MAAS, MR		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 200 SALES AVE		Transaction ID: SA11AI.39958		
	City HARRISON	State OH	Zip Code 45030-1485	Amount of Each Receipt this Period 260.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer COMPREWARE	Occupation SENIOR CONSULTA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) MR MIKE MANGIONE		Date of Receipt MM / DD / YYYY 02 / 04 / 2008		
	Mailing Address 7386 SE 23RD ST UNIT 5		Transaction ID: SA11AI.40010		
	City NEWPORT BEACH	State CA	Zip Code 92660	Amount of Each Receipt this Period 525.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer RETIRED	Occupation REST OWNER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1285.00
<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 27 / 81

(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 K MCCORMICK

Mailing Address 11622 GLENORA DR

City State Zip Code  
HOUSTON TX 77065-2638

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

M M / D D / Y Y Y Y  
03 / 17 / 2008

Transaction ID: SA11AI.40139

Amount of Each Receipt this Period

240.00

**B.**

Full Name (Last, First, Middle Initial)  
MRS CAROLYN MEAKEM

Mailing Address 10215 GAINSBOROUGH RD

City State Zip Code  
POTOMAC MD 20854-4039

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

Name of Employer Occupation  
EQUITY OWNER EQUITY OWNER

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2008

Transaction ID: SA11AI.40228

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
MR JOHN MENOUDAKOS

Mailing Address PO BOX 541

City State Zip Code  
NEW YORK NY 10021-0034

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

Name of Employer Occupation  
BUFFALO STATE COLLEGE CHEMIST-RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
01 / 16 / 2008

Transaction ID: SA11AI.40255

Amount of Each Receipt this Period

250.00

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

990.00

**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 / 81  
(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 FLOYD MILES, JR

Mailing Address 80385 MILLSHAW DR

City State Zip Code  
FORT MYERS FL 33912

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** SA11AI.40299

Amount of Each Receipt this Period  
400.00

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

Mailing Address 4425 COPPER CREST LN

City State Zip Code  
MODESTO CA 95355-8971

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

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

**Transaction ID:** SA11AI.40327

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
W EVA MOORE, MRS

Mailing Address 2 JADE ST

City State Zip Code  
EUSTIS FL 32726-6717

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 3 / 1 0 / 2 0 0 8

**Transaction ID:** SA11AI.40387

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

**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 29 / 81  
(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)  
W EVA MOORE, MRS

Mailing Address 2 JADE ST

City State Zip Code  
EUSTIS FL 32726-6717

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 ▼ 333.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2008

Transaction ID: SA11AI.40386

Amount of Each Receipt this Period

33.00

**B.**

Full Name (Last, First, Middle Initial)  
MR WILLIAM MORRIS

Mailing Address 8069 SAW PEN POINT TRL

City State Zip Code  
YORK PA 17402

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

Name of Employer Occupation  
RETIRED RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
02 / 04 / 2008

Transaction ID: SA11AI.40427

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
MR P MOYER

Mailing Address 53 FOX RUN RD

City State Zip Code  
NEW CANAAN CT 06840-2820

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

Name of Employer Occupation  
RETIRED FED CIVIL SER

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

Date of Receipt

M M / D D / Y Y Y Y  
02 / 11 / 2008

Transaction ID: SA11AI.40450

Amount of Each Receipt this Period

400.00

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

683.00

**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 30 / 81  
(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)  
M BETTY MUNSON, MS  
Mailing Address PO BOX 1232  
City WOODRUFF State WI Zip Code 54568-1232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 17 / 2008  
Transaction ID: SA11AI.40478  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
J ROBERT MURPHY, MR  
Mailing Address PO BOX 472  
City JACKSON State NH Zip Code 03846-0472  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 28 / 2008  
Transaction ID: SA11AI.40504  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
J ROBERT MURPHY, MR  
Mailing Address PO BOX 472  
City JACKSON State NH Zip Code 03846-0472  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 03 / 12 / 2008  
Transaction ID: SA11AI.40503  
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 31 / 81  
(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 G MURRAY

Mailing Address PO BOX 328

City State Zip Code  
**SHELDON IA 51201-0328**

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 / 19 / 2008**

**Transaction ID: SA11AI.40515**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 702 THORA BLVD

City State Zip Code  
**SHREVPOR LA 71106**

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

Name of Employer Occupation  
SELF-EMPLOYED CONSTRUCTION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 15 / 2008**

**Transaction ID: SA11AI.40669**

Amount of Each Receipt this Period  
**525.00**

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

Mailing Address 8346 REEF CT

City State Zip Code  
**HILLSBOROUGH CA 94010**

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 ▼ **216.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 24 / 2008**

**Transaction ID: SA11AI.40739**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

**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 32 / 81  
(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 PALMER

Mailing Address 282 LAROE RD

City State Zip Code  
CHESTER NY 10918-2435

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

Name of Employer Occupation  
BURLINGTON COAT FACTORY SALES CLERK

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2008

Transaction ID: SA11AI.40755

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN PENSON

Mailing Address PO BOX 959

City State Zip Code  
DALLAS TX 75205-3837

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

Name of Employer Occupation  
SELF EMPLOYED INVESTOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 14 / 2008

Transaction ID: SA11AI.40852

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

E LOREEN PIPE, MS

Mailing Address 15894 19 MILE RD APT 217

City State Zip Code  
CLINTON TOWNSHIP MI 48038

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 ▼ 216.00

Date of Receipt

M M / D D / Y Y Y Y  
02 / 11 / 2008

Transaction ID: SA11AI.40961

Amount of Each Receipt this Period  
25.00

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

775.00

**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 / 81  
(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)  
E LOREEN PIPE, MS  
Mailing Address 15894 19 MILE RD APT 217  
City CLINTON TOWNSHIP State MI Zip Code 48038  
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 ▼ 249.00  
Date of Receipt 02 / 19 / 2008  
Transaction ID: SA11AI.40963  
Amount of Each Receipt this Period 33.00

**B.** Full Name (Last, First, Middle Initial)  
E LOREEN PIPE, MS  
Mailing Address 15894 19 MILE RD APT 217  
City CLINTON TOWNSHIP State MI Zip Code 48038  
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 ▼ 274.00  
Date of Receipt 03 / 10 / 2008  
Transaction ID: SA11AI.40962  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
F JULIANNE PRINGLE, MRS  
Mailing Address 2300 RIVERSIDE DR UNIT 4D  
City TULSA State OK Zip Code 74114-2402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 02 / 05 / 2008  
Transaction ID: SA11AI.41072  
Amount of Each Receipt this Period 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 283.00  
**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 / 81  
(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)  
F JULIANNE PRINGLE, MRS  
 Mailing Address 2300 RIVERSIDE DR UNIT 4D  
 City State Zip Code  
TULSA OK 74114-2402  
 Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2008  
**Transaction ID:** SA11AI.41071  
 Amount of Each Receipt this Period  
100.00  
 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) ▼ 325.00

**B.** Full Name (Last, First, Middle Initial)  
Mr William Rankin  
 Mailing Address 220 N Dithridge St  
 City State Zip Code  
Pittsburgh PA 15213  
 Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008  
**Transaction ID:** SA11AI.41132  
 Amount of Each Receipt this Period  
400.00  
 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) ▼ 400.00

**C.** Full Name (Last, First, Middle Initial)  
MS VIRGINIA REZETKO  
 Mailing Address 85446 580TH AVE  
 City State Zip Code  
TUCSON AZ 85718  
 Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2008  
**Transaction ID:** SA11AI.41199  
 Amount of Each Receipt this Period  
500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
SELF-EMPLOYED INVESTOR  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 81  
(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)  
ALLEN JOHN RIDER, MR & MRS

Mailing Address 3002 N GRANT ST

City ENID State OK Zip Code 73703-1638

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 ▼ 258.00

Date of Receipt: 03 / 20 / 2008  
**Transaction ID: SA11AI.41221**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
A THOMAS RILEY, MR

Mailing Address PO BOX 568

City PAOLI State PA Zip Code 19301-0568

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

Name of Employer C D C CSP-C Occupation C/O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 28 / 2008  
**Transaction ID: SA11AI.41233**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
MR & MRS REED ROBBINS

Mailing Address 13221 SUXEDO CT STE A

City STOCKTON State CA Zip Code 95204

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: 03 / 05 / 2008  
**Transaction ID: SA11AI.41246**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial) P CHRISTOPHER RODGERS, MR & MRS	Date of Receipt MM / DD / YYYY 01 / 22 / 2008
Mailing Address 555 PALM WAY	<b>Transaction ID:</b> SA11AI.41292
City State Zip Code GULF STREAM FL 33483-7330	Amount of Each Receipt this Period 375.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation IMS RECYCLING-SERVICES IN V P SEC/TREAS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

**B.**

Full Name (Last, First, Middle Initial) MR ROBERT ROGERS	Date of Receipt MM / DD / YYYY 01 / 18 / 2008
Mailing Address 47466 MAROC CIR	<b>Transaction ID:</b> SA11AI.41309
City State Zip Code PALM DESERT CA 92260	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation CATERPILLAR INC OFFICE WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

**C.**

Full Name (Last, First, Middle Initial) MR ROBERT ROGERS	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
Mailing Address 47466 MAROC CIR	<b>Transaction ID:</b> SA11AI.41308
City State Zip Code PALM DESERT CA 92260	Amount of Each Receipt this Period 33.00
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation CATERPILLAR INC OFFICE WORKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>708.00</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 37 / 81  
(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)  
O LYNN ROHDE, MR  
Mailing Address 400 H HWY A1A LOT 71  
City JUPITER State FL Zip Code 33477-4502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KERN CO DIST ATT OFFICE Occupation INVESTIGATOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY 02 / 27 / 2008  
Transaction ID: SA11AI.41314  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
O LYNN ROHDE, MR  
Mailing Address 400 H HWY A1A LOT 71  
City JUPITER State FL Zip Code 33477-4502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KERN CO DIST ATT OFFICE Occupation INVESTIGATOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt MM / DD / YYYY 03 / 24 / 2008  
Transaction ID: SA11AI.41312  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
L WARREN ROMANS, MR  
Mailing Address 5703 WILLIAMSBURG LANDING DR # 1  
City WILLIAMSBURG State VA Zip Code 23185-8006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BOEING Occupation BUYER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY 01 / 11 / 2008  
Transaction ID: SA11AI.41322  
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 38 / 81  
(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 LESLIE ROSE

Mailing Address 330 S OCEAN BLVD APT 3B

City State Zip Code  
PALM BEACH FL 33480

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

Name of Employer Occupation  
US ARMY RET

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID:** SA11AI.41339

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8609 E 8ST ST

City State Zip Code  
COSTA MESA CA 92627

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  
03 / 19 / 2008

**Transaction ID:** SA11AI.41376

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
H HELEN SATHER, MS

Mailing Address P O BOX 74

City State Zip Code  
ROUND LAKE MN 56167

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

Name of Employer Occupation  
CA DEPT OF INSURANCE CLAIMS OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2008

**Transaction ID:** SA11AI.41447

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 39 / 81

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH SCHAFFER		Date of Receipt																					
	Mailing Address 610 1ST ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	5		2	0	0	8														
	City State Zip Code CORONADO CA 92118		<b>Transaction ID:</b> SA11AI.41468																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation HOMEMAKER HOMEMAKER		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH SCHAFFER		Date of Receipt																					
	Mailing Address 610 1ST ST		<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>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	1		2	0	0	8														
	City State Zip Code CORONADO CA 92118		<b>Transaction ID:</b> SA11AI.41467																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer Occupation HOMEMAKER HOMEMAKER		Aggregate Year-to-Date ▼ 350.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>C.</b>	Full Name (Last, First, Middle Initial) MRS ELIZABETH SCHAFFER		Date of Receipt																					
	Mailing Address 610 1ST ST		<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>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	5		2	0	0	8														
	City State Zip Code CORONADO CA 92118		<b>Transaction ID:</b> SA11AI.41469																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																						
Name of Employer Occupation HOMEMAKER HOMEMAKER		Aggregate Year-to-Date ▼ 850.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<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 40 / 81  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
W FRED SCHEIGERT, MR  
Mailing Address 123 S PITT ST  
City ALEXANDRIA State VA Zip Code 22314  
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 03 / 17 / 2008  
Transaction ID: SA11AI.41479  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MS MARTHA SCHRADER  
Mailing Address 2838 ENCORE LN  
City WEST LAFAYETTE State IN Zip Code 47906-2041  
FEC ID number of contributing federal political committee. **C**  
Name of Employer KAN ROCK TIRE CO Occupation PRES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 12 / 2008  
Transaction ID: SA11AI.41544  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
MR RICK SCHROEDER  
Mailing Address 6081 CLIFF LN  
City TEMPLE State TX Zip Code 76502-6559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 11 / 2008  
Transaction ID: SA11AI.41549  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**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 41 / 81  
(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 Edwin Seipp, Mr  
Mailing Address 49 Tuscaloosa Ave  
City Atherton State CA Zip Code 94027-4014  
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 02 / 15 / 2008  
Transaction ID: SA11AI.41619  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
MR RAYMOND SIBLEY  
Mailing Address 632 8TH ST SW  
City ROCHESTER State MN Zip Code 55902-6331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMER.BUSINESS FIN'L. SERV Occupation TECH. RECRUITER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 05 / 2008  
Transaction ID: SA11AI.41713  
Amount of Each Receipt this Period 200.00

**C.** 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 02 / 21 / 2008  
Transaction ID: SA11AI.41822  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**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 42 / 81  
(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 Thomas Spencer

Mailing Address 110 Ocean Hollow Ln Apt 115

City State Zip Code  
Saint Augustine FL 32084

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

Date of Receipt  
MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** SA11AI.41893

Amount of Each Receipt this Period  
125.00

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

Mailing Address PO BOX 641622

City State Zip Code  
SAN FRANCISCO CA 94164-1622

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

Name of Employer Occupation  
ALCOHOL & DRUG PROGRAM DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2008

**Transaction ID:** SA11AI.41906

Amount of Each Receipt this Period  
500.00

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

Mailing Address 304 REID RD

City State Zip Code  
FRANCESTOWN NH 03043-3717

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

Name of Employer Occupation  
LAWYER LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2008

**Transaction ID:** SA11AI.41918

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1125.00

**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 43 / 81  
(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)  
R JAMES STADLER, MRS  
Mailing Address 2212 HILLSBORO VALLEY RD  
City BRENTWOOD State TN Zip Code 37027-5412  
FEC ID number of contributing federal political committee. **C**  
Name of Employer COLLEGE OF LAKE COUNTY Occupation PROFESSOR  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 28 / 2008  
Transaction ID: SA11AI.41924  
Amount of Each Receipt this Period 250.00

**B.** 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 ▼ 250.00  
Date of Receipt 01 / 28 / 2008  
Transaction ID: SA11AI.41960  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM STEWART  
Mailing Address 811 MORNINGSTAR DR  
City FULLERTON State CA Zip Code 92835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer RETIRED Occupation RETIRED  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 25 / 2008  
Transaction ID: SA11AI.41998  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 81

(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 FRANK STILLER

Mailing Address 73-1245 KAIMINANI DR

City State Zip Code  
KAILUA KONA HI 96740-9590

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

Name of Employer Occupation  
CABINET MAKER/SELF EMPLOY RET

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

Date of Receipt

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

Transaction ID: SA11AI.42000

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MR & MRS JOHN & ADA STRASENBURGH

Mailing Address PO BOX 608

City State Zip Code  
OCEAN VIEW NJ 08230-0608

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 399.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.42025

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
R JOHN STREET, MRS

Mailing Address 386 POLK ST NW

City State Zip Code  
MARIETTA GA 30064-2308

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 1 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.42033

Amount of Each Receipt this Period  
500.00

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

950.00

**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 45 / 81  
(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)  
R JOHN STREET, MRS  
Mailing Address 386 POLK ST NW

City State Zip Code  
MARIETTA GA 30064-2308

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 ▼ 525.00

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

Transaction ID: SA11AI.42030

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
R JOHN STREET, MRS  
Mailing Address 386 POLK ST NW

City State Zip Code  
MARIETTA GA 30064-2308

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 ▼ 575.00

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

Transaction ID: SA11AI.42032

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
R JOHN STREET, MRS  
Mailing Address 386 POLK ST NW

City State Zip Code  
MARIETTA GA 30064-2308

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 ▼ 608.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.42031

Amount of Each Receipt this Period  
33.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 108.00

**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 46 / 81
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) R PERRY SWANSON, MR	Date of Receipt MM / DD / YYYY 01 / 02 / 2008
	Mailing Address 1700 GRANDVIEW AVE	<b>Transaction ID:</b> SA11AI.42089
	City State Zip Code PITTSBURGH PA 15211	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLER CHRYSLER AUTOMOTIVE DESI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) R PERRY SWANSON, MR	Date of Receipt MM / DD / YYYY 02 / 04 / 2008
	Mailing Address 1700 GRANDVIEW AVE	<b>Transaction ID:</b> SA11AI.42088
	City State Zip Code PITTSBURGH PA 15211	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLER CHRYSLER AUTOMOTIVE DESI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) R PERRY SWANSON, MR	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 1700 GRANDVIEW AVE	<b>Transaction ID:</b> SA11AI.42090
	City State Zip Code PITTSBURGH PA 15211	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DAIMLER CHRYSLER AUTOMOTIVE DESI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 81  
(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)  
IC SYMSMITH, MR  
Mailing Address 485 DEVON PARK DR STE 119  
City WAYNE State PA Zip Code 19087-1840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BAJW CAPITAL Occupation INVESTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 03 / 12 / 2008  
Transaction ID: SA11AI.42113  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
IC SYMSMITH, MR  
Mailing Address 485 DEVON PARK DR STE 119  
City WAYNE State PA Zip Code 19087-1840  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BAJW CAPITAL Occupation INVESTOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 03 / 24 / 2008  
Transaction ID: SA11AI.42114  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
MR SHERWIN TERRY  
Mailing Address 301 TIDE POINT WAY  
City HILTON HEAD ISLAND State SC Zip Code 29928  
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 ▼ 420.00  
Date of Receipt 01 / 18 / 2008  
Transaction ID: SA11AI.42172  
Amount of Each Receipt this Period 420.00

**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 48 / 81

(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)  
H JAMES THORNTON, MR

Mailing Address 10101 LINN STATION RD

City State Zip Code  
LOUISVILLE KY 40223

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  
03 / 05 / 2008

Transaction ID: SA11AI.42240

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
MR P TRACY

Mailing Address 1025 PARK PL APT 159

City State Zip Code  
MISHAWAKA IN 46545-3551

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

Name of Employer Occupation  
RETIRED RETIRED

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2008

Transaction ID: SA11AI.42301

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 300 VANTAGE CIR

City State Zip Code  
KERRVILLE TX 78028-2771

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  
02 / 25 / 2008

Transaction ID: SA11AI.42315

Amount of Each Receipt this Period

300.00

**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 49 / 81  
(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 ELOISE VALINET

Mailing Address 8754 RUNNING CREEK CT

City INDIANAPOLIS State IN Zip Code 46268-4224

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 / 20 / 2008

Transaction ID: SA11AI.42389

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
MR LEROY WEBER, JR

Mailing Address PO BOX 423

City RIO VISTA State CA Zip Code 94571

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 / 07 / 2008

Transaction ID: SA11AI.42573

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
K MARSHALL WELLS, MR

Mailing Address 1424 GALLOWAY DR

City WOODSTOCK State IL Zip Code 60098-8079

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 02 / 25 / 2008

Transaction ID: SA11AI.42603

Amount of Each Receipt this Period 500.00

**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 50 / 81
	<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) W James Williams, Mr	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address 881 Arbolado Dr	<b>Transaction ID:</b> SA11AI.42706
	City Fullerton State CA Zip Code 92835	Amount of Each Receipt this Period 335.00
	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 ▼ 335.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) D ANNIE WILSON, MRS	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 254 NORMAN DR	<b>Transaction ID:</b> SA11AI.42722
	City CRANBERRY TWP State PA Zip Code 16066-4234	Amount of Each Receipt this Period 75.00
	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 ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) D ANNIE WILSON, MRS	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 254 NORMAN DR	<b>Transaction ID:</b> SA11AI.42721
	City CRANBERRY TWP State PA Zip Code 16066-4234	Amount of Each Receipt this Period 36.50
	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 ▼ 311.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>446.50</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 51 / 81  
(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 JOSEPHINE WOOD

Mailing Address 1400 ENTERPRISE DR APT N330

City State Zip Code  
LYNCHBURG VA 24502-5969

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

Name of Employer Occupation  
COLDWELL BANKER REAL ESTATE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** SA11AI.42789

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1400 ENTERPRISE DR APT N330

City State Zip Code  
LYNCHBURG VA 24502-5969

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

Name of Employer Occupation  
COLDWELL BANKER REAL ESTATE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** SA11AI.42790

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
E KENNETH WRIGHT, MR

Mailing Address 3527 ROTARY RD

City State Zip Code  
ROCKFORD IL 61109-5061

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 Y  
0 3 / 0 7 / 2 0 0 8

**Transaction ID:** SA11AI.42836

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**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 52 / 81	
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) H JAMES WURTZ, MR		Date of Receipt																					
	Mailing Address 5 21ST AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	0		2	0	0	8														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.42852																			
	SYLVAN BEACH	NY	13157																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer RETIRED		Occupation RETIRED		<input type="text" value="330.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<input type="text" value="330.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<input type="text" value="33940.50"/>

# 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) Aaron Shrout</p> <p>Mailing Address 5850 Cameron Run</p> <p>City Alexandria State VA Zip Code 22303</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 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.42984</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1078.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Aaron Shrout</p> <p>Mailing Address 5850 Cameron Run</p> <p>City Alexandria State VA Zip Code 22303</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 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.42985</p> <p>Date of Disbursement 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1078.95</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Aaron Shrout</p> <p>Mailing Address 5850 Cameron Run</p> <p>City Alexandria State VA Zip Code 22303</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 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.42986</p> <p>Date of Disbursement 03 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1078.95</p>

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

3236.85

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

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

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

FOR LINE NUMBER: (check only one)

<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.42934</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="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2480.20"/></p>
<p><b>B.</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 Postage &amp; Lettershop Services - 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.43023</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="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3756.88"/></p>
<p><b>C.</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.42935</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="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4969.25"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="11206.33"/></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

<b>A.</b> Full Name (Last, First, Middle Initial) Advance Mailing Services Mailing Address 2600 Temple Heights Drive City Oceanside State CA Zip Code 92056 Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42936 Date of Disbursement 01 / 29 / 2008
	Amount of Each Disbursement this Period 1085.50

<b>B.</b> Full Name (Last, First, Middle Initial) Advance Mailing Services Mailing Address 2600 Temple Heights Drive City Oceanside State CA Zip Code 92056 Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42937 Date of Disbursement 01 / 31 / 2008
	Amount of Each Disbursement this Period 1725.28

<b>C.</b> Full Name (Last, First, Middle Initial) Advance Mailing Services Mailing Address 2600 Temple Heights Drive City Oceanside State CA Zip Code 92056 Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB21B.42939 Date of Disbursement 02 / 07 / 2008
	Amount of Each Disbursement this Period 2875.50

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5686.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Advance Mailing Services	Transaction ID: SB21B.42940 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="1849.40"/>
	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.42941 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="1125.00"/>
	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) Advance Mailing Services	Transaction ID: SB21B.42943 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="3649.26"/>
	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="6623.66"/>
<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) Advance Mailing Services	Transaction ID: SB21B.42944 Date of Disbursement
	Mailing Address 2600 Temple Heights Drive	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Oceanside State CA Zip Code 92056	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="4347.21"/>
	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.42926 Date of Disbursement
	Mailing Address PO Box 8335	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Expense	<input type="text" value="2793.96"/>
	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.42927 Date of Disbursement
	Mailing Address PO Box 8335	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Expense	<input type="text" value="2809.10"/>
	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="9950.27"/>
<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) Alvin Williams	Transaction ID: SB21B.42928 Date of Disbursement
	Mailing Address PO Box 8335	<input type="text" value="02"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Expense Candidate Name	<input type="text" value="2809.10"/>
	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.42929 Date of Disbursement
	Mailing Address PO Box 8335	<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Expense Candidate Name	<input type="text" value="2809.10"/>
	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.42930 Date of Disbursement
	Mailing Address PO Box 8335	<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Silver Spring State MD Zip Code 20910	Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Expense Candidate Name	<input type="text" value="2809.10"/>
	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="8427.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

<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) 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.42931</p> <p>Date of Disbursement 03 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 2809.10</p> <p>Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Caging, Inc</p> <p>Mailing Address 4850 Wright Rd, Ste 168</p> <p>City Stafford State TX Zip Code 77477</p> <p>Purpose of Disbursement Caging Services</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.43011</p> <p>Date of Disbursement 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 732.31</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) American Caging, Inc</p> <p>Mailing Address 4850 Wright Rd, Ste 168</p> <p>City Stafford State TX Zip Code 77477</p> <p>Purpose of Disbursement Caging Services</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.43013</p> <p>Date of Disbursement 01 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 813.14</p> <p>Category/Type</p>

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

4354.55

**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) American Caging, Inc <hr/> Mailing Address 4850 Wright Rd, Ste 168 <hr/> City Stafford State TX Zip Code 77477 <hr/> Purpose of Disbursement Caging Services Candidate Name <hr/> 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>Transaction ID:</b> SB21B.43012 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 797.22 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) American Caging, Inc <hr/> Mailing Address 4850 Wright Rd, Ste 168 <hr/> City Stafford State TX Zip Code 77477 <hr/> Purpose of Disbursement Caging Services Candidate Name <hr/> 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>Transaction ID:</b> SB21B.43015 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1234.70 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) American Caging, Inc <hr/> Mailing Address 4850 Wright Rd, Ste 168 <hr/> City Stafford State TX Zip Code 77477 <hr/> Purpose of Disbursement Caging Services Candidate Name <hr/> 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>Transaction ID:</b> SB21B.43014 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 172.18 Category/Type

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

2204.10

**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) AT&T	Transaction ID: SB21B.42945
	Mailing Address PO Box 2969	Date of Disbursement MM / DD / YYYY 01 / 08 / 2008
	City Baltimore State MD Zip Code 21265	Amount of Each Disbursement this Period 493.71
	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.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB21B.42946
	Mailing Address PO Box 2969	Date of Disbursement MM / DD / YYYY 01 / 31 / 2008
	City Baltimore State MD Zip Code 21265	Amount of Each Disbursement this Period 480.81
	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) AT&T	Transaction ID: SB21B.42947
	Mailing Address PO Box 2969	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City Baltimore State MD Zip Code 21265	Amount of Each Disbursement this Period 490.71
	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) .....	▶	1465.23
<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.42948 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="2652.00"/>
	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.42949 Date of Disbursement
	Mailing Address PO Box 79749	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Baltimore State MD Zip Code 21279	Amount of Each Disbursement this Period
	Purpose of Disbursement Medical Insurance	<input type="text" value="1396.00"/>
	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) CNA Insurance Company	Transaction ID: SB21B.42950 Date of Disbursement
	Mailing Address P.O. Box 382033	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Pittsburgh State PA Zip Code 15250-8033	Amount of Each Disbursement this Period
	Purpose of Disbursement Property Insurance	<input type="text" value="1702.00"/>
	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="5750.00"/>
<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) Curtis Midkiff</p> <p>Mailing Address 1001 3rd Street, SW, #412</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Newsletter Production</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.42960</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 406.25</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Direct Concepts</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 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.42951</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 950.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Direct Concepts</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 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.42952</p> <p>Date of Disbursement 01 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

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

3656.25

**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) Direct Concepts <hr/> Mailing Address 44084 Riverside Parkway Suite 350 <hr/> City Lansdowne State VA Zip Code 20176 <hr/> Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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.42953 Date of Disbursement 01 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 1175.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Federal Express <hr/> Mailing Address P.O. Box 1140 <hr/> City Memphis State TN Zip Code 38101-1140 <hr/> Purpose of Disbursement Courier Expense Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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.42954 Date of Disbursement 01 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 242.58
<b>C.</b>	Full Name (Last, First, Middle Initial) Federal Express <hr/> Mailing Address P.O. Box 1140 <hr/> City Memphis State TN Zip Code 38101-1140 <hr/> Purpose of Disbursement Courier Expense Candidate Name <span style="float: right;">Category/Type</span> <hr/> 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.42955 Date of Disbursement 02 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 91.06

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1508.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address P.O. Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Courier Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42956 Date of Disbursement 02 / 25 / 2008	Amount of Each Disbursement this Period 105.16
B.	Full Name (Last, First, Middle Initial) Grosvenor Urban Retail, LP Mailing Address PO Box 11071 City Fort Wayne State IN Zip Code 46855 Purpose of Disbursement Office Rent 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.42957 Date of Disbursement 01 / 07 / 2008	Amount of Each Disbursement this Period 5837.50
C.	Full Name (Last, First, Middle Initial) Integram Mailing Address 8421 Hill Top Rd City Fairfax State VA Zip Code 22031 Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.42958 Date of Disbursement 02 / 25 / 2008	Amount of Each Disbursement this Period 7272.53

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

13215.19

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) MDI Imaging	Transaction ID: SB21B.42959
	Mailing Address 21721-A Filigree Court	Date of Disbursement MM / DD / YYYY 02 / 25 / 2008
	City Ashburn State VA Zip Code 20147	Amount of Each Disbursement this Period 5490.78
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Office Movers, Inc.	Transaction ID: SB21B.42962
	Mailing Address 6500 Kane Way	Date of Disbursement MM / DD / YYYY 03 / 06 / 2008
	City Elkridge State MD Zip Code 21075	Amount of Each Disbursement this Period 1465.00
	Purpose of Disbursement Moving Expense	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Patriot Data Services	Transaction ID: SB21B.42965
	Mailing Address 44084 Riverside Parkway	Date of Disbursement MM / DD / YYYY 01 / 15 / 2008
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period 1621.27
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	8577.05
<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) Patriot Data Services	Transaction ID: SB21B.42966 Date of Disbursement
	Mailing Address 44084 Riverside Parkway	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="954.28"/>
	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) Patriot Data Services	Transaction ID: SB21B.42967 Date of Disbursement
	Mailing Address 44084 Riverside Parkway	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="584.71"/>
	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.42969 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="232.08"/>
	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="1771.07"/>
<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.42970 Date of Disbursement
	Mailing Address PO Box 388	<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Owings Mills State MD Zip Code 21117	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="142.72"/>
	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) Pepco	Transaction ID: SB21B.42972 Date of Disbursement
	Mailing Address P.O. Box 97275	<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20090-7275	Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities	<input type="text" value="199.64"/>
	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) Pepco	Transaction ID: SB21B.42973 Date of Disbursement
	Mailing Address P.O. Box 97275	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20090-7275	Amount of Each Disbursement this Period
	Purpose of Disbursement Utilities	<input type="text" value="204.51"/>
	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="546.87"/>
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pepco <hr/> Mailing Address P.O. Box 97275 <hr/> City Washington State DC Zip Code 20090-7275 <hr/> Purpose of Disbursement Utilities Candidate Name <hr/> 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.42974 Date of Disbursement 03 / 06 / 2008 <hr/> Amount of Each Disbursement this Period 13.29
<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Norman Company <hr/> Mailing Address 44084 Riverside Parkway <hr/> City Lansdowne State VA Zip Code 20176 <hr/> Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <hr/> 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.42975 Date of Disbursement 01 / 08 / 2008 <hr/> Amount of Each Disbursement this Period 10245.75
<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Norman Company <hr/> Mailing Address 44084 Riverside Parkway <hr/> City Lansdowne State VA Zip Code 20176 <hr/> Purpose of Disbursement Lettershop & Printshop Fees- Generic Candidate Name <hr/> 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.42976 Date of Disbursement 01 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 5577.67

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

15836.71

**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)

PAGE 70 / 81

<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) Richard Norman Company	Transaction ID: SB21B.42977 Date of Disbursement
	Mailing Address 44084 Riverside Parkway	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="7109.62"/>
	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.42978 Date of Disbursement
	Mailing Address 44084 Riverside Parkway	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="9899.11"/>
	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) Robertson Mailing List Company	Transaction ID: SB21B.42980 Date of Disbursement
	Mailing Address 44084 Riverside Pkwy, Ste 350	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="882.88"/>
	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="17891.61"/>
<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) Robertson Mailing List Company	Transaction ID: SB21B.42981 Date of Disbursement																			
	Mailing Address 44084 Riverside Pkwy, Ste 350	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	8												
	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>2889.97</td></tr></table>	2889.97																		
2889.97																					
	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) SA & Associates	Transaction ID: SB21B.42982 Date of Disbursement																			
	Mailing Address PO Box 8541	<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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	7		2	0	0	8												
	City Ft. Lauderdale State FL Zip Code 33310	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<table border="1"><tr><td>1275.18</td></tr></table>	1275.18																		
1275.18																					
	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) SA & Associates	Transaction ID: SB21B.42983 Date of Disbursement																			
	Mailing Address PO Box 8541	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	0	8												
	City Ft. Lauderdale State FL Zip Code 33310	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<table border="1"><tr><td>425.06</td></tr></table>	425.06																		
425.06																					
	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) .....	<table border="1"><tr><td>4590.21</td></tr></table>	4590.21
4590.21		
<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

A.	Full Name (Last, First, Middle Initial) Southwest Publishing & Mailing	Transaction ID: SB21B.42987 Date of Disbursement
	Mailing Address 2600 Topeka Blvd	<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City Topeka State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="5670.06"/>
	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) Southwest Publishing & Mailing	Transaction ID: SB21B.42988 Date of Disbursement
	Mailing Address 2600 Topeka Blvd	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Topeka State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="1312.14"/>
	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) Southwest Publishing & Mailing	Transaction ID: SB21B.42991 Date of Disbursement
	Mailing Address 2600 Topeka Blvd	<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City Topeka State KS Zip Code 66617	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="10736.00"/>
	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="17718.20"/>
<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) 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</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.42992</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="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1354.42"/></p>
<p><b>B.</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.42993</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="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3375.94"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TRS Direct</p> <p>Mailing Address 148 Graves Mill Rd</p> <p>City Lynchburg State VA Zip Code 24502</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.42994</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5967.08"/></p>

**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)  
BLACK AMERICA'S POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) TRS Direct	Transaction ID: SB21B.43022 Date of Disbursement
	Mailing Address 148 Graves Mill Rd	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City Lynchburg State VA Zip Code 24502	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage & Lettershop Services - Generic	<input type="text" value="24538.23"/>
	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) TRS Direct	Transaction ID: SB21B.42995 Date of Disbursement
	Mailing Address 148 Graves Mill Rd	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Lynchburg State VA Zip Code 24502	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="3397.39"/>
	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) TRS Direct	Transaction ID: SB21B.42996 Date of Disbursement
	Mailing Address 148 Graves Mill Rd	<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City Lynchburg State VA Zip Code 24502	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="4388.09"/>
	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="32323.71"/>
<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) TRS Direct	Transaction ID: SB21B.42997 Date of Disbursement
	Mailing Address 148 Graves Mill Rd	<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City Lynchburg State VA Zip Code 24502	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="5777.60"/>
	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) TRS Direct	Transaction ID: SB21B.42998 Date of Disbursement
	Mailing Address 148 Graves Mill Rd	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Lynchburg State VA Zip Code 24502	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="3915.12"/>
	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) Valley Press, Inc	Transaction ID: SB21B.42999 Date of Disbursement
	Mailing Address 44084 Riverside Parkway Suite 350	<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="1431.68"/>
	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="11124.40"/>
<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.43000 Date of Disbursement
	Mailing Address 44084 Riverside Parkway Suite 350	<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="2937.38"/>
	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) Valley Press, Inc	Transaction ID: SB21B.43001 Date of Disbursement
	Mailing Address 44084 Riverside Parkway Suite 350	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Lansdowne State VA Zip Code 20176	Amount of Each Disbursement this Period
	Purpose of Disbursement Lettershop & Printshop Fees- Generic	<input type="text" value="1179.94"/>
	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) Verizon, Inc.	Transaction ID: SB21B.43003 Date of Disbursement
	Mailing Address PO Box 7120	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period
	Purpose of Disbursement Telephone Expense	<input type="text" value="102.05"/>
	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="4219.37"/>
<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) Verizon, Inc.</p> <p>Mailing Address PO Box 7120</p> <p>City Tucson State AZ Zip Code 85731</p> <p>Purpose of Disbursement Telephone Expense 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.43004 <b>Date of Disbursement:</b> 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 113.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 7120</p> <p>City Tucson State AZ Zip Code 85731-7120</p> <p>Purpose of Disbursement Telephone Expense 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.43006 <b>Date of Disbursement:</b> 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 109.78</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 7120</p> <p>City Tucson State AZ Zip Code 85731-7120</p> <p>Purpose of Disbursement Telephone Expense 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.43007 <b>Date of Disbursement:</b> 03 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 106.95</p>

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

330.11

**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 78 / 81

<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) XO Communications <hr/> Mailing Address P.O. Box 60000 <hr/> City San Francisco State CA Zip Code 94160-3708 <hr/> Purpose of Disbursement Online & Cable Expense Candidate Name <hr/> 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.43009 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 169.25
<b>B.</b> Full Name (Last, First, Middle Initial) XO Communications <hr/> Mailing Address P.O. Box 60000 <hr/> City San Francisco State CA Zip Code 94160-3708 <hr/> Purpose of Disbursement Online & Cable Expense Candidate Name <hr/> 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.43010 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 166.75

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

336.00

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

203247.40

**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 79 / 81

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

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

A.

Full Name (Last, First, Middle Initial)  
Allen West for Congress

Transaction ID: SB23.43017

Date of Disbursement

Mailing Address PO Box 30786

<sup>M</sup> 0	<sup>M</sup> 1	/	<sup>D</sup> 3	<sup>D</sup> 1	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 8
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code  
Palm Beach Gardens FL 33420

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Political Contribution

011
Category/ Type

Candidate Name  
Allen West

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: FL District: 22

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

1000.00
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TOTAL This Period (last page this line number only) ..... ▶

1000.00
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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)

PAGE 80 / 81

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

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

A.

Full Name (Last, First, Middle Initial)  
Citizens for Dogan-State Rep-MI

Mailing Address P.O. Box 3741

City State Zip Code  
Ballwin MO 63022

Purpose of Disbursement  
Political Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.43021

Date of Disbursement

/   /

Amount of Each Disbursement this Period

325.00

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

325.00

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

325.00



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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Advance Mailing Services	Nature of Debt (Purpose): Postage & Lettershop Services - Generic
Mailing Address 2600 Temple Heights Drive	
City State ZIP Code Oceanside CA 92056	

Outstanding Balance Beginning This Period 3756.88	<b>Transaction ID: SD10.15734</b>	
Amount Incurred This Period 4752.85	Payment This Period 3756.88	Outstanding Balance at Close of This Period 4752.85

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor TRS Direct	Nature of Debt (Purpose): Lettershop & Printshop Fees - Generic
Mailing Address 148 Graves Mill Rd	
City State ZIP Code Lynchburg VA 24502	

Outstanding Balance Beginning This Period 24538.23	<b>Transaction ID: SD10.32785</b>	
Amount Incurred This Period 3841.44	Payment This Period 24538.23	Outstanding Balance at Close of This Period 3841.44

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>8594.29</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	<b>8594.29</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<b>8594.29</b>