

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="12637.04"/>	<input type="text" value="12637.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39019.80"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="89894.16"/>	<input type="text" value="1126208.14"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="128913.96"/>	<input type="text" value="1138845.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83431.31"/>	<input type="text" value="1093362.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45482.65"/>	<input type="text" value="45482.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="197358.23"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30936.17	264820.17
(ii) Unitemized	58577.99	860374.97
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	89514.16	1125195.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	380.00	380.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	89894.16	1125575.14
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	633.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	89894.16	1126208.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	89894.16	1126208.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	78431.31	987749.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	78431.31	987749.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	22112.92
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	44500.00
24. Independent Expenditures (use Schedule E)	0.00	32000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	7000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83431.31	1093362.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83431.31	1093362.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	89894.16	1125575.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89894.16	1125575.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	78431.31	987749.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	633.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	78431.31	987116.61

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. MR WILLIAM ADAMSON 190 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 WAVERLY RD VILLA 12
 City State Zip Code
 GLADWYNE PA 19035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51211
 Amount of Each Receipt this Period
 20.00
 CONTRIBUTION, 10/9/2014

B. DR JAMES A ALBRIGHT 061 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 BROOKSIDE BLVD
 City State Zip Code
 WEST HARTFORD CT 06107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 430.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : SA11AI.51220
 Amount of Each Receipt this Period
 35.00

C. MR DAVID ALLEN 921
 Full Name (Last, First, Middle Initial)
 Mailing Address 12645 CREEKVIEW DR UNIT 122
 City State Zip Code
 SAN DIEGO CA 92128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 POWER SPEAK 12645 CREEKVI PROFESSIONAL SPEAKER SELF
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51230
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION, 10/10/2014

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR DAVID ALLEN 921
 Full Name (Last, First, Middle Initial)
 Mailing Address 12645 CREEKVIEW DR UNIT 122
 City SAN DIEGO State CA Zip Code 92128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer POWER SPEAK 12645 CREEKVI Occupation PROFESSIONAL SPEAKER SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.51231
 Amount of Each Receipt this Period
 75.00

B. MR ED ALLEN 945
 Full Name (Last, First, Middle Initial)
 Mailing Address 3256 RAMONA ST
 City PINOLE State CA Zip Code 94564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.51232
 Amount of Each Receipt this Period
 100.00

C. MR OSCAR ANDERSON 493
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 IDA RED AVE APT 108
 City SPARTA State MI Zip Code 49345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51248
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
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 8 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR DANIEL BACH 487
Full Name (Last, First, Middle Initial)

Mailing Address 4149 LANGE RD

City SEBEWAING	State MI	Zip Code 48759
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.51266

Amount of Each Receipt this Period

35.00

CONTRIBUTION, 10/7/2014

B. MILDRED S BAHLE 630
Full Name (Last, First, Middle Initial)

Mailing Address 205 S WOODS MILL RD

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.51270

Amount of Each Receipt this Period

100.00

C. MILDRED S BAHLE 630
Full Name (Last, First, Middle Initial)

Mailing Address 205 S WOODS MILL RD

City CHESTERFIELD	State MO	Zip Code 63017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2014

Transaction ID : SA11AI.51271

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MS VIRGINIA BARTAK 836		Date of Receipt
Mailing Address 5605 S 10TH AVE		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.51298
CALDWELL	ID	Amount of Each Receipt this Period
	83607	<input type="text" value="100.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
VIRGINIA BARTAK LLC	CASH GRAIN DEALER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR ANTHONY BAYLIS 786		Date of Receipt
Mailing Address 302 CAPOTE PEAK DR		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.51318
GEORGETOWN	TX	Amount of Each Receipt this Period
	78633	<input type="text" value="35.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR ANTHONY BAYLIS 786		Date of Receipt
Mailing Address 302 CAPOTE PEAK DR		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.51317
GEORGETOWN	TX	Amount of Each Receipt this Period
	78633	<input type="text" value="50.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="310.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="185.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 10 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS HELEN BEAVER 140
 Full Name (Last, First, Middle Initial)
 Mailing Address 1737 SENECA RD
 City LAWTONS State NY Zip Code 14091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.51323
 Amount of Each Receipt this Period
 100.00

B. MRS MARGARET BEGENDORF 104
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 VAN CORTLANDT PARK S
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.51327
 Amount of Each Receipt this Period
 35.00

C. MRS MARGARET BEGENDORF 104
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 VAN CORTLANDT PARK S
 City BRONX State NY Zip Code 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.51328
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR RICHARD BENNETT 838
 Full Name (Last, First, Middle Initial)
 Mailing Address 1694 E HAYDEN AVE
 City HAYDEN State ID Zip Code 83835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51341
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION, 11/18/2014

B. MR ROBERT BERNATCHEZ 015
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 MARK CIR
 City RUTLAND State MA Zip Code 01543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 344.00

Date of Receipt 12 / 23 / 2014
Transaction ID : SA11AI.51353
 Amount of Each Receipt this Period 35.00

C. DR WALTER L BEW 082 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2009 SHORE RD
 City LINWOOD State NJ Zip Code 08221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 10 / 2014
Transaction ID : SA11AI.51362
 Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MS LITA BIEJO 930

Mailing Address 9555 W LOS ANGELES AVE

City State Zip Code
MOORPARK CA 93021

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.51371

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. MS NORMA BLACK 551

Mailing Address 3003 HAZELWOOD ST APT 330

City State Zip Code
SAINT PAUL MN 55109

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.51381

Amount of Each Receipt this Period
 35.00

Full Name (Last, First, Middle Initial)
C. MR ROBERT E BLEDSOE 891

Mailing Address 1201 N 17TH ST

City State Zip Code
LAS VEGAS NV 89101

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51394

Amount of Each Receipt this Period
 50.00
 CONTRIBUTION, 10/20/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00

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 13 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHN W BOERSTLER 804
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 792
 City BRECKENRIDGE State CO Zip Code 80424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 08 / 2014**
Transaction ID : SA11AI.51400
 Amount of Each Receipt this Period **150.00**

B. DELIGHT S BONNER 739
 Full Name (Last, First, Middle Initial)
 Mailing Address 1430 RIMROCK DR
 City GUYMON State OK Zip Code 73942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **585.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.51402
 Amount of Each Receipt this Period **100.00**
 CONTRIBUTION, 10/9/2014

C. MR HAROLD BRIGHAM 631
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 NARRAGANSETT DR
 City SAINT LOUIS State MO Zip Code 63124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **470.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.51440
 Amount of Each Receipt this Period **35.00**
 CONTRIBUTION, 10/6/2014

SUBTOTAL of Receipts This Page (optional)..... **285.00**
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 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR JAMES BROCK 986
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 124
 City AMBOY State WA Zip Code 98601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.51454
 Amount of Each Receipt this Period
 100.00

B. MR HAROLD G BROWN 670
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 WALNUT ST
 City KINGMAN State KS Zip Code 67068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51467
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION, 10/6/2014

C. MR HAROLD G BROWN 670
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 WALNUT ST
 City KINGMAN State KS Zip Code 67068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2014
Transaction ID : SA11AI.51468
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR HAROLD G BROWN 670
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 WALNUT ST
 City KINGMAN State KS Zip Code 67068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.51466
 Amount of Each Receipt this Period
 100.00

B. MR JAMES BROWN 731
 Full Name (Last, First, Middle Initial)
 Mailing Address 12501 BOCAGE DR
 City OKLAHOMA CITY State OK Zip Code 73142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARCTIC INVESTMENTS LLC Occupation REGISTERED AGENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014
Transaction ID : SA11AI.51470
 Amount of Each Receipt this Period
 150.00

C. MR JOSEPH C BUCCIARELLI 068
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 SAINT JOHN ST
 City NORWALK State CT Zip Code 06855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.51485
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. W P BUCKTHAL 791
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 S LINCOLN ST
 City State Zip Code
 AMARILLO TX 79101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED PETROLEUM GEOLOGIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51489
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION, 10/27/2014

B. MR MICHAEL J BUSSINGER 761
 Full Name (Last, First, Middle Initial)
 Mailing Address 8205 MOUNT SHASTA CIR
 City State Zip Code
 FORT WORTH TX 76137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BNSF RAILWAY TRAIN DISPATCHER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51510
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION, 10/14/2014

C. MR JAMES P BYRNES 145
 Full Name (Last, First, Middle Initial)
 Mailing Address 1940 COLE RD
 City State Zip Code
 NUNDA NY 14517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NUNDA FAMILY PHARMACY PHARMACIST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : SA11AI.51520
 Amount of Each Receipt this Period
 100.00

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 17 OF 135
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 13 14 15 16 17

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

A. MRS SHIRLEY CALDWELL 764
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 2800
 City ALBANY State TX Zip Code 76430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.51527
 Amount of Each Receipt this Period
 100.00

B. MS C LORENE CALL 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 1515 S ANDERSON ST
 City ELWOOD State IN Zip Code 46036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51531
 Amount of Each Receipt this Period
 53.00

C. MS SUE M CANNON 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 6420 W LAKERIDGE RD
 City LAKEWOOD State CO Zip Code 80227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51539
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION, 10/10/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 653.00
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 OF 135
(check only one)
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 13 14 15 16 17

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

A. MRS ANNE CARPENTER 530
 Full Name (Last, First, Middle Initial)
 Mailing Address 12494 N ROYAL LN
 City THIENSVILLE State WI Zip Code 53092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51553
 Amount of Each Receipt this Period 400.00
 CONTRIBUTION, 10/14/2014

B. JAY CARTER 763
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 CHAPARRAL RD
 City BURKBURNETT State TX Zip Code 76354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARTER AVIATION TECHNOLOGIS Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1070.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51564
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION, 10/14/2014

C. MR JOHN CERVIN 210 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 815A HILLTOP AVE EXT
 City ABINGDON State MD Zip Code 21009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 08 / 2014
Transaction ID : SA11AI.51581
 Amount of Each Receipt this Period 75.00

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 19 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MS CAROL CHAUSSEE 980
 Full Name (Last, First, Middle Initial)
 Mailing Address 7524 118TH AVE NE
 City KIRKLAND State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014
Transaction ID : SA11AI.51587
 Amount of Each Receipt this Period
 250.00

B. DICEY S CHILDERS 350
 Full Name (Last, First, Middle Initial)
 Mailing Address 8517 JOY RD
 City BLOUNTSVILLE State AL Zip Code 35031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE ALABASTER BOX Occupation CHRISTIAN BOOKSTORE OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51592
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION, 10/14/2014

C. MR RICHARD CHUTE 480
 Full Name (Last, First, Middle Initial)
 Mailing Address 1233 N CHANNEL DR
 City HARSENS ISLAND State MI Zip Code 48028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51595
 Amount of Each Receipt this Period
 53.00

SUBTOTAL of Receipts This Page (optional).....▶	338.00
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 20 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MS VERENA CLEMENT 329
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 S COURTENAY PKWY APT 508

City MERRITT ISLAND	State FL	Zip Code 32952
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.51612

Amount of Each Receipt this Period
 25.00

B. HARROLL CLEMMER 769
 Full Name (Last, First, Middle Initial)
 Mailing Address 5812 PECAN VALLEY LN

City SAN ANGELO	State TX	Zip Code 76904
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51613

Amount of Each Receipt this Period
 200.00

CONTRIBUTION, 10/10/2014

C. HARROLL CLEMMER 769
 Full Name (Last, First, Middle Initial)
 Mailing Address 5812 PECAN VALLEY LN

City SAN ANGELO	State TX	Zip Code 76904
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51614

Amount of Each Receipt this Period
 100.00

CONTRIBUTION, 10/20/2014

SUBTOTAL of Receipts This Page (optional).....	325.00
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 OF 135
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 11a 11b 11c 12
 13 14 15 16 17

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

A. MR CHARLES CLINTON 152 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 5103 MORNINGRISE DR
 City State Zip Code
 PITTSBURGH PA 15236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51618
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION, 10/17/2014

B. MRS RUTH A COMIN 992
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 E UPRIVER DR #207
 City State Zip Code
 SPOKANE WA 99207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.51630
 Amount of Each Receipt this Period
 100.00

C. MRS JANE COPSEY 644
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 185
 City State Zip Code
 MAITLAND MO 64466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOUSEWIFE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014
Transaction ID : SA11AI.51649
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
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 22 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT COVERT 609
Full Name (Last, First, Middle Initial)
Mailing Address 1105 W MERCHANT ST APT 2

City KANKAKEE	State IL	Zip Code 60901
------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation HOUSEKEEPER
-----------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.51660

Amount of Each Receipt this Period
35.00

B. MRS BETTY R CRAWFORD 527
Full Name (Last, First, Middle Initial)
Mailing Address 601 ASPEN TRL

City MUSCATINE	State IA	Zip Code 52761
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.51668

Amount of Each Receipt this Period
50.00

CONTRIBUTION, 10/17/2014

C. MR KENNETH DARGIS 010
Full Name (Last, First, Middle Initial)
Mailing Address 85 NEW LUDLOW RD APT 419

City CHICOPEE	State MA	Zip Code 01020
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.51693

Amount of Each Receipt this Period
35.00

CONTRIBUTION, 10/6/2014

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 23 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR SIRO DEGASPERIS 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 SEDONA WAY
 City PALM BEACH GARDENS State FL Zip Code 33418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLUMBIAN SERVICE ASSOCIATES Occupation PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51713
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION, 10/27/2014

B. GLADYS DOANE 635
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 BROADVIEW
 City KIRKSVILLE State MO Zip Code 63501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 233.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51755
 Amount of Each Receipt this Period 35.00
 CONTRIBUTION, 10/17/2014

C. MR JAMES DOIG 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 808 NE 102ND AVE
 City PORTLAND State OR Zip Code 97220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51760
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶	185.00
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 OF 135
(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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MR JAMES DOIG 972
Full Name (Last, First, Middle Initial)
Mailing Address 808 NE 102ND AVE
City PORTLAND State OR Zip Code 97220
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51761
Amount of Each Receipt this Period 50.00
CONTRIBUTION, 11/17/2014

B. MR JAMES DOIG 972
Full Name (Last, First, Middle Initial)
Mailing Address 808 NE 102ND AVE
City PORTLAND State OR Zip Code 97220
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 12 / 18 / 2014
Transaction ID : SA11AI.51762
Amount of Each Receipt this Period 50.00

C. MS CATHERINE DOLL 678
Full Name (Last, First, Middle Initial)
Mailing Address 6645 N DOLL RD
City INGALLS State KS Zip Code 67853
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51764
Amount of Each Receipt this Period 50.00
CONTRIBUTION, 11/17/2014

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR JAMES DOWNEY 940
 Full Name (Last, First, Middle Initial)
 Mailing Address 26000 NEW BRIDGE DR
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALTOS SERVICE CORP Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51777
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION, 10/17/2014

B. MRS MARTHA L DOWNS 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 8560 JESTER CT
 City ELK GROVE State CA Zip Code 95624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51778
 Amount of Each Receipt this Period 15.00
 CONTRIBUTION, 10/7/2014

C. MRS MARTHA L DOWNS 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 8560 JESTER CT
 City ELK GROVE State CA Zip Code 95624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.51779
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MRS ANNE DRAKE 296
Full Name (Last, First, Middle Initial)

Mailing Address 557 CRESWELL AVE E

City GREENWOOD	State SC	Zip Code 29646
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
268.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.51780

Amount of Each Receipt this Period

170.00	100.00	268.00
--------	--------	--------

B. LEONA DROPPA 344
Full Name (Last, First, Middle Initial)

Mailing Address 6921 SW 108TH ST

City OCALA	State FL	Zip Code 34476
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.51783

Amount of Each Receipt this Period

170.00	100.00	45.00
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C. MRS JEANNETTE B DUDERSTADT 779 JR
Full Name (Last, First, Middle Initial)

Mailing Address 1000 FREDERICK WILLIAMS ST

City CUERO	State TX	Zip Code 77954
---------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation CATTLE RANCHER
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2014

Transaction ID : SA11AI.51789

Amount of Each Receipt this Period

170.00	100.00	235.00
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SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 27 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR FERRIS E DURDEN 313 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1207
 City DARIEN State GA Zip Code 31305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51794
 Amount of Each Receipt this Period
 45.00
 CONTRIBUTION, 10/17/2014

B. MRS ELVA C EARLS 959
 Full Name (Last, First, Middle Initial)
 Mailing Address 623 TODDWICK AVE
 City MARYSVILLE State CA Zip Code 95901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.51799
 Amount of Each Receipt this Period
 25.00

C. MRS ELVA C EARLS 959
 Full Name (Last, First, Middle Initial)
 Mailing Address 623 TODDWICK AVE
 City MARYSVILLE State CA Zip Code 95901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.51800
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
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 28 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR JOHN D EHRISMANN 922
Full Name (Last, First, Middle Initial)

Mailing Address 7667 ACOMA TRL

City YUCCA VALLEY State CA Zip Code 92284

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2014
Transaction ID : SA11AI.51821

Amount of Each Receipt this Period
 300.00

B. LULU ELAM 372
Full Name (Last, First, Middle Initial)

Mailing Address 2112 HAMPTON AVE

City NASHVILLE State TN Zip Code 37215

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

Name of Employer NONE Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51822

Amount of Each Receipt this Period
 500.00

CONTRIBUTION, 10/10/2014

C. DONALD G ELLIOTT 782
Full Name (Last, First, Middle Initial)

Mailing Address 101 CASTLE GARDENS DR

City CASTLE HILLS State TX Zip Code 78213

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

Name of Employer FEDEX Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014
Transaction ID : SA11AI.51830

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	630.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MS JEAN ENGLAND 614
Full Name (Last, First, Middle Initial)
Mailing Address 576 KNOX ROAD 1300 E

City MAQUON	State IL	Zip Code 61458
----------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SA11AI.51845

Amount of Each Receipt this Period
50.00

B. MR CLIFFORD L EPSTEIN 335
Full Name (Last, First, Middle Initial)
Mailing Address 18823 AVENUE BIARRITZ

City LUTZ	State FL	Zip Code 33558
--------------	-------------	-------------------

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

Name of Employer RETAIL PROCESSING ENGINEERING CO	Occupation PARTNER
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.51851

Amount of Each Receipt this Period
50.00

CONTRIBUTION, 11/18/2014

C. MR KEITH F EVANS 667 JR
Full Name (Last, First, Middle Initial)
Mailing Address 1336 N WALNUT ST #C

City IOLA	State KS	Zip Code 66749
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SA11AI.51861

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. BILL FAIN 863

Mailing Address 3001 N MAIN ST STE 2B

City State Zip Code
PRESCOTT VALLEY AZ 86314

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

Name of Employer Occupation
SELF EMPLOYED CATTLEMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014
Transaction ID : SA11AI.51871

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
B. HERBERT N FAINTICH 935

Mailing Address 24121 MARTINGALE WAY

City State Zip Code
TEHACHAPI CA 93561

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014
Transaction ID : SA11AI.51872

Amount of Each Receipt this Period
50.00

CONTRIBUTION, 10/23/2014

Full Name (Last, First, Middle Initial)
C. MR CHARLES FAIX 193

Mailing Address 146 BETHEL RD

City State Zip Code
OXFORD PA 19363

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
278.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014
Transaction ID : SA11AI.51873

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MR P F FANNING 193

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 **BREEDER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 04 / 2014
Transaction ID : SA11AI.51875

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. MR MIKE FERRIS 815

Mailing Address **2264 HIGHWAY 6 AND 50**

City **GRAND JUNCTION** State **CO** Zip Code **81505**

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

Name of Employer **WESTERN SLOPE AUTO** Occupation **OWNER & GENERAL MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt
12 / 01 / 2014
Transaction ID : SA11AI.51897

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. MRS LORRAINE FINCH 930

Mailing Address **701 N MONTGOMERY ST**

City **OJAI** State **CA** Zip Code **93023**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt
12 / 02 / 2014
Transaction ID : SA11AI.51903

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1150.00**

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 32 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR DALE FORTIK 836
Full Name (Last, First, Middle Initial)

Mailing Address 3009 RAY AVE

City CALDWELL	State ID	Zip Code 83605
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	09	/	2014

Transaction ID : SA11AI.51927

Amount of Each Receipt this Period
75.00

B. JAMES H FOSTER 290
Full Name (Last, First, Middle Initial)

Mailing Address 203 OLD CHAPIN RD

City LEXINGTON	State SC	Zip Code 29072
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	08	/	2014

Transaction ID : SA11AI.51928

Amount of Each Receipt this Period
25.00

C. MR CHARLES FOX 926
Full Name (Last, First, Middle Initial)

Mailing Address 19031 SPICEWOOD LN

City HUNTINGTON BEACH	State CA	Zip Code 92648
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.51932

Amount of Each Receipt this Period
100.00

CONTRIBUTION, 10/9/2014

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 OF 135
(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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. MRS MILDRED FREEMAN 940
Full Name (Last, First, Middle Initial)
Mailing Address 1395 MONTCLAIRE WAY

City LOS ALTOS	State CA	Zip Code 94024
-------------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2014

Transaction ID : SA11AI.51940

Amount of Each Receipt this Period
40.00

B. MRS MILDRED FREEMAN 940
Full Name (Last, First, Middle Initial)
Mailing Address 1395 MONTCLAIRE WAY

City LOS ALTOS	State CA	Zip Code 94024
-------------------	-------------	-------------------

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

Name of Employer NONE	Occupation HOMEMAKER
--------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2014

Transaction ID : SA11AI.51941

Amount of Each Receipt this Period
20.00

C. MR WINSTON FRENZEL 922
Full Name (Last, First, Middle Initial)
Mailing Address 41505 CARLOTTA DR APT 620

City PALM DESERT	State CA	Zip Code 92211
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2014

Transaction ID : SA11AI.51943

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. LORA FROBERG 498

Mailing Address 12938 T RD

City State Zip Code
RAPID RIVER MI 49878

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
513.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2014
Transaction ID : SA11AI.51952

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. MRS VIRGINIA FROELKER 630 JR

Mailing Address 4496 BIG CREEK RD

City State Zip Code
GERALD MO 63037

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014
Transaction ID : SA11AI.51953

Amount of Each Receipt this Period
300.00

CONTRIBUTION, 10/27/2014

Full Name (Last, First, Middle Initial)
C. MS JOYCE M GALE 852

Mailing Address 7928 E PUEBLO AVE UNIT 55

City State Zip Code
MESA AZ 85208

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014
Transaction ID : SA11AI.51965

Amount of Each Receipt this Period
75.00

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: (check only one)	PAGE 35 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR WARREN GALKIN 028
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 SAGE DR
 City WARWICK State RI Zip Code 02886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NATCO PRODUCTS CORP Occupation EXECUTIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.51969
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION, 10/10/2014

B. MR MICHAEL A GALLUCCI 900
 Full Name (Last, First, Middle Initial)
 Mailing Address 2567 WESTRIDGE RD
 City LOS ANGELES State CA Zip Code 90049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.51972
 Amount of Each Receipt this Period
 50.00

C. MR CURTIS M GARDNER 505
 Full Name (Last, First, Middle Initial)
 Mailing Address 520 S BLACKFORD ST APT 109
 City ALGONA State IA Zip Code 50511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARM OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 394.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.51983
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 36 OF 135
(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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DR FRANK N GENOVESE 162
 Full Name (Last, First, Middle Initial)
 Mailing Address 176 THE BRANCHES
 City KITTANNING State PA Zip Code 16201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DOCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014
Transaction ID : SA11AI.51994
 Amount of Each Receipt this Period
 100.00

B. MR WARREN GILBERT 752
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 KINGSGATE CT
 City DALLAS State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 406.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52011
 Amount of Each Receipt this Period
 356.00

C. MRS FLORENCE GIMSE 562
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 9TH ST NW
 City WILLMAR State MN Zip Code 56201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014
Transaction ID : SA11AI.52018
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 481.00
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 37 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DR JOSEPH GIOVINCO 337 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2618 GULF BLVD APT 402

City INDIAN ROCKS BEACH	State FL	Zip Code 33785
----------------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.52021

Amount of Each Receipt this Period
 50.00

B. MR C GOFF 746
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 W HARTFORD AVE

City PONCA CITY	State OK	Zip Code 74601
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.52042

Amount of Each Receipt this Period
 25.49

C. MR C GOFF 746
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 W HARTFORD AVE

City PONCA CITY	State OK	Zip Code 74601
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.52045

Amount of Each Receipt this Period
 3.00

SUBTOTAL of Receipts This Page (optional).....▶	78.49
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 38 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR C GOFF 746
Full Name (Last, First, Middle Initial)
Mailing Address 220 W HARTFORD AVE

City PONCA CITY	State OK	Zip Code 74601
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

Transaction ID : SA11AI.52044

Amount of Each Receipt this Period
3.00

B. MR C GOFF 746
Full Name (Last, First, Middle Initial)
Mailing Address 220 W HARTFORD AVE

City PONCA CITY	State OK	Zip Code 74601
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : SA11AI.52043

Amount of Each Receipt this Period
25.49

C. MR CHARLES GORDER 921 SR
Full Name (Last, First, Middle Initial)
Mailing Address 5526 TOYON RD

City SAN DIEGO	State CA	Zip Code 92115
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

Transaction ID : SA11AI.52052

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	128.49
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 39 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MRS ALBERTA GRIFFIN 726
Full Name (Last, First, Middle Initial)

Mailing Address 882 BROADWAY RD

City LESLIE State AR Zip Code 72645

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014

Transaction ID : SA11AI.52084

Amount of Each Receipt this Period
 25.00

B. MR RICHARD S GRIFFITH 705
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 91610

City LAFAYETTE State LA Zip Code 70509

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.52083

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION, 10/20/2014

C. MRS BETTY L GROOMER 791
Full Name (Last, First, Middle Initial)

Mailing Address 3414 SUNLITE ST

City AMARILLO State TX Zip Code 79109

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.52092

Amount of Each Receipt this Period
 50.00

CONTRIBUTION, 10/17/2014

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 40 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS BETTY L GROOMER 791
 Full Name (Last, First, Middle Initial)
 Mailing Address 3414 SUNLITE ST
 City AMARILLO State TX Zip Code 79109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.52093
 Amount of Each Receipt this Period
 50.00

B. MRS MARJORIE HAILEY 668
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 S NEOSHO ST
 City COUNCIL GROVE State KS Zip Code 66846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : SA11AI.52114
 Amount of Each Receipt this Period
 100.00

C. MRS EVELYN HAILEY 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 BANKERS COTTAGE LN
 City COPPELL State TX Zip Code 75019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52115
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION, 10/23/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS EVELYN HAILEY 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 731 BANKERS COTTAGE LN
 City COPPELL State TX Zip Code 75019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52116
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION, 10/14/2014

B. MR PAUL R HAMILTON 786
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 W CREEK ST
 City FREDERICKSBURG State TX Zip Code 78624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 03 / 2014
Transaction ID : SA11AI.52126
 Amount of Each Receipt this Period 150.00

C. MR EDWARD H HAMM 334
 Full Name (Last, First, Middle Initial)
 Mailing Address 243 S BEACH RD
 City HOBE SOUND State FL Zip Code 33455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACOMA OIL CO Occupation MANAGING PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 29 / 2014
Transaction ID : SA11AI.52127
 Amount of Each Receipt this Period 800.00

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 42 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS BLANCH P HARNISH 166
 Full Name (Last, First, Middle Initial)
 Mailing Address 7590 HARNISH CIR
 City ALEXANDRIA State PA Zip Code 16611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52147
 Amount of Each Receipt this Period
 25.00

B. MS BLANCH P HARNISH 166
 Full Name (Last, First, Middle Initial)
 Mailing Address 7590 HARNISH CIR
 City ALEXANDRIA State PA Zip Code 16611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.52148
 Amount of Each Receipt this Period
 50.00

C. MRS JEANETTE HARTJC 635
 Full Name (Last, First, Middle Initial)
 Mailing Address 1606 RANDALL DR
 City KIRKSVILLE State MO Zip Code 63501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.52158
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
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 43 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANITA A HARTMANN 109
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 DEER CT DR
 City MIDDLETOWN State NY Zip Code 10940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52161
 Amount of Each Receipt this Period 20.00
 CONTRIBUTION, 10/16/2014

B. MRS ELIZABETH R HASKINS 244
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 FOREST HILL VW
 City LEXINGTON State VA Zip Code 24450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52165
 Amount of Each Receipt this Period 35.00

C. MR MYRON HAUN 986
 Full Name (Last, First, Middle Initial)
 Mailing Address 6507 NW LUPIN ST
 City VANCOUVER State WA Zip Code 98663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 12 / 12 / 2014
Transaction ID : SA11AI.52170
 Amount of Each Receipt this Period 53.00

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 44 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR HENRY HAWKINS 778
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 GLENEAGLES CT
 City BRYAN State TX Zip Code 77802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.52173
 Amount of Each Receipt this Period
 350.00

B. MR JOHN T HAZEL 201 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 6254 HUNTLEY RD
 City BROAD RUN State VA Zip Code 20137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52182
 Amount of Each Receipt this Period
 250.00

C. FRANCIS HECK 820
 Full Name (Last, First, Middle Initial)
 Mailing Address 1213 E SHERIDAN ST
 City LARAMIE State WY Zip Code 82070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.52185
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	305.00
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 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR ROBERT F HENKLE 530
 Full Name (Last, First, Middle Initial)
 Mailing Address 745 N MILWAUKEE ST
 City PORT WASHINGTON State WI Zip Code 53074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52206
 Amount of Each Receipt this Period
 35.00

B. MRS EDNA HENRY 194
 Full Name (Last, First, Middle Initial)
 Mailing Address 3417 BRITTANY PT
 City LANSDALE State PA Zip Code 19446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.52211
 Amount of Each Receipt this Period
 25.00

C. MR EUGENE E HERBEL 738
 Full Name (Last, First, Middle Initial)
 Mailing Address 1835 20TH ST
 City WOODWARD State OK Zip Code 73801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52212
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. RUSS HOBBS 984

Mailing Address 8904 69TH STREET CT SW

City State Zip Code
LAKEWOOD WA 98498

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.52232

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City State Zip Code
FAIR OAKS CA 95628

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52245

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. MR JAMES F HOLLAND 026

Mailing Address 109 SHALLOW POND DR

City State Zip Code
CENTERVILLE MA 02632

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.52247

Amount of Each Receipt this Period
24.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.00

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 47 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR CHARLES HOLTZ 800
 Full Name (Last, First, Middle Initial)
 Mailing Address 13801 E YALE AVE UNIT 306 # 20
 City State Zip Code
 AURORA CO 80014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52256
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION, 10/14/2014

B. PAUL HOPKINS 298
 Full Name (Last, First, Middle Initial)
 Mailing Address 248 BOXELDER DR
 City State Zip Code
 AIKEN SC 29803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52260
 Amount of Each Receipt this Period
 100.00

C. MRS PATRICIA HOTZ 926
 Full Name (Last, First, Middle Initial)
 Mailing Address 385 PRINCETON DR
 City State Zip Code
 COSTA MESA CA 92626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52266
 Amount of Each Receipt this Period
 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GRAEME HUNTER 752
Full Name (Last, First, Middle Initial)

Mailing Address 6 ROYAL TERRACE CT

City DALLAS	State TX	Zip Code 75225
----------------	-------------	-------------------

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

Name of Employer GRAEME HUNTER PARTNERS LTD	Occupation ATTORNEY
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2014

Transaction ID : SA11AI.52292

Amount of Each Receipt this Period

300.00

B. MR RICHARD HUTCHINSON 983
Full Name (Last, First, Middle Initial)

Mailing Address 14506 41ST AVENUE CT NW

City GIG HARBOR	State WA	Zip Code 98332
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.52299

Amount of Each Receipt this Period

35.00

CONTRIBUTION, 10/10/2014

C. MRS MARTHA L HUTCHISON 895
Full Name (Last, First, Middle Initial)

Mailing Address 2330 CROWS NEST PKWY

City RENO	State NV	Zip Code 89519
--------------	-------------	-------------------

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

Name of Employer HUTCH'S CAR WASHES, INC	Occupation SECRETARY
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2014

Transaction ID : SA11AI.52300

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	435.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBERT M HUTTAR 921		Date of Receipt
Mailing Address 11645 CAMINITO CORRIENTE		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN DIEGO	CA	92128
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52301
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. MR PAUL E JACKSON 324		Date of Receipt
Mailing Address 917 MARINA DR		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
PANAMA CITY BEACH	FL	32407
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52321
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="850.00"/>	

Full Name (Last, First, Middle Initial) C. MR BRUCE C JACOBSON 483		Date of Receipt
Mailing Address 1019 WALLOON CT		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
LAKE ORION	MI	48360
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52329
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="565.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR BRUCE C JACOBSON 483
Full Name (Last, First, Middle Initial)
Mailing Address 1019 WALLOON CT

City LAKE ORION	State MI	Zip Code 48360
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SA11AI.52328

Amount of Each Receipt this Period
100.00

B. DURK JAGER 294
Full Name (Last, First, Middle Initial)
Mailing Address 69 OTTER IS

City JOHNS ISLAND	State SC	Zip Code 29455
----------------------	-------------	-------------------

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

Name of Employer KIAWAH CONSERVANCY	Occupation TRUSTEE
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2014

Transaction ID : SA11AI.52332

Amount of Each Receipt this Period
100.00

C. MRS AUDREY JANSKY 541
Full Name (Last, First, Middle Initial)
Mailing Address 441 FLORENCE AVE #3

City FLORENCE	State WI	Zip Code 54121
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.52344

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 51 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS BARBARA A JARVIS 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 13923 DUNCANNON DR
 City HOUSTON State TX Zip Code 77015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 885.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.52349
 Amount of Each Receipt this Period
 100.00

B. MR TERRY JOHNSON 113
 Full Name (Last, First, Middle Initial)
 Mailing Address 7535 UTOPIA PKWY
 City FLUSHING State NY Zip Code 11366
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.52365
 Amount of Each Receipt this Period
 15.00

C. DR WILLIAM H JOHNSON 339 DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13691 METROPOLIS PKWY STE 250
 City FORT MYERS State FL Zip Code 33912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation DENTIST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52368
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION, 10/17/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 215.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR JOHN A JOST 598		Date of Receipt
Mailing Address 1531 SLEEPING CHILD RD		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.52387
HAMILTON	MT	Amount of Each Receipt this Period
Zip Code		<input type="text" value="50.00"/>
59840		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="465.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MRS MARIE-LUISE KALSI 770		Date of Receipt
Mailing Address 13307 CAROUSEL CT		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.52400
HOUSTON	TX	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
77041		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR DONALD KELLER 017		Date of Receipt
Mailing Address 10 CAPE RD		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.52415
MENDON	MA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="45.00"/>
01756		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	SELF EMPLOYED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="215.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="195.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MRS JEAN KIMBALL 652		Date of Receipt
Mailing Address 34 MEADOWLAKE DR		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
MEXICO	MO	65265
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52440
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="235.00"/>	

Full Name (Last, First, Middle Initial) B. MS BETHEL M KLINE 730		Date of Receipt
Mailing Address 110 SPRUCE AVE		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
YUKON	OK	73099
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52457
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) C. MR GEORGE KOLOVOS 900		Date of Receipt
Mailing Address 12424 WILSHIRE BLVD STE 1040		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
LOS ANGELES	CA	90025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52477
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	ENGINEER	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="135.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 55 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS HELEN KRUSE 660
 Full Name (Last, First, Middle Initial)
 Mailing Address 16110 W 133RD ST APT 338
 City OLATHE State KS Zip Code 66062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52502
 Amount of Each Receipt this Period
 53.00

B. DR ALBERT M KWAN 881 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 184 SANDZEN DR
 City CLOVIS State NM Zip Code 88101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLOVIS SURGERY CTR Occupation SURGEON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.52511
 Amount of Each Receipt this Period
 50.00

C. JEAN M LAMB 836
 Full Name (Last, First, Middle Initial)
 Mailing Address 2814 S ILLINOIS AVE
 City CALDWELL State ID Zip Code 83605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.52521
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00
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 56 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR ATLAS T LANGFORD 383
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 CHICKASAW DR
 City HUNTINGDON State TN Zip Code 38344
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.52529
 Amount of Each Receipt this Period
 75.00

B. MR LEO LARSEN 920 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1537 LIVE OAK RD APT 127
 City VISTA State CA Zip Code 92081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52535
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION, 10/20/2014

C. MRS DORIS LASHER 475
 Full Name (Last, First, Middle Initial)
 Mailing Address 8569 ORLANDO RD
 City BRISTOW State IN Zip Code 47515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.52541
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR ELDON LATHAM 974
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 SUNNYSIDE DR
 City State Zip Code
 EUGENE OR 97404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52542
 Amount of Each Receipt this Period
 40.00

B. MR THOMAS H LATIMER 484
 Full Name (Last, First, Middle Initial)
 Mailing Address 1470 KILE RD
 City State Zip Code
 METAMORA MI 48455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 229.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52543
 Amount of Each Receipt this Period
 53.00

C. MS RITA LAUZON 010
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 INGHAM ST
 City State Zip Code
 CHICOPEE MA 01013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52547
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00
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 58 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARGENE RENEE LEACH 670		Date of Receipt
Mailing Address 619 N BEL ARBOR ST		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
DERBY	KS	67037
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52556
Name of Employer	Occupation	Amount of Each Receipt this Period
VOLUNTEER	POLITICAL ACTIVIST	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION, 11/4/2014
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR EDWARD K LEE 968		Date of Receipt
Mailing Address 1480 IHILOA LOOP		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
HONOLULU	HI	96821
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52563
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MR WILLIAM D LEED 142 III		Date of Receipt
Mailing Address 75 GUILFORD LN APT 7		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILLIAMSVILLE	NY	14221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.52564
Name of Employer	Occupation	Amount of Each Receipt this Period
NONE	RETIRED	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR ROBERT LEIGHTON 430
 Full Name (Last, First, Middle Initial)
 Mailing Address 1687 LAKE DR
 City HEATH State OH Zip Code 43056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52566
 Amount of Each Receipt this Period
 35.00

B. MS HILMA A LEVIS 775
 Full Name (Last, First, Middle Initial)
 Mailing Address 6901 AVE E
 City SANTA FE State TX Zip Code 77510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52580
 Amount of Each Receipt this Period
 25.00
 CONTRIBUTION, 11/18/2014

C. MS PHYLLIS O LEWELLYN 300
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 TIMBERLAND DR SE
 City MARIETTA State GA Zip Code 30067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52581
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION, 10/10/2014

SUBTOTAL of Receipts This Page (optional).....	95.00
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 60 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS MARJORIE R LINDSEY 933			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2014 Transaction ID : SA11AI.52595
Mailing Address 10202 DUTCH IRIS DR			Amount of Each Receipt this Period 100.00
City BAKERSFIELD	State CA	Zip Code 93311	
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1450.00		

Full Name (Last, First, Middle Initial) B. MR DONALD L LJUNGREN 553			Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2014 Transaction ID : SA11AI.52603
Mailing Address 945 CENTURY AVE SW #214			Amount of Each Receipt this Period 50.00
City HUTCHINSON	State MN	Zip Code 55350	
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00		

Full Name (Last, First, Middle Initial) C. MR EDWARD LOUIS 600			Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2014 Transaction ID : SA11AI.52631
Mailing Address 645 N WREN AVE			Amount of Each Receipt this Period 200.00
City PALATINE	State IL	Zip Code 60067	
FEC ID number of contributing federal political committee. C			
Name of Employer NONE	Occupation RETIRED		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 61 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ARLENE LOWE 487

Mailing Address 7641 MUSHROOM RD RR 1

City State Zip Code
DEFORD MI 48729

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52632

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. DR WALTER LUNG 968 DDS

Mailing Address 4244 HUANUI ST

City State Zip Code
HONOLULU HI 96816

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

Name of Employer Occupation
RETIRED DENTIST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : SA11AI.52639

Amount of Each Receipt this Period
53.00

Full Name (Last, First, Middle Initial)
C. MR JOHN LYNN 890

Mailing Address 1851 WHITNEY MESA DR

City State Zip Code
HENDERSON NV 89014

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

Name of Employer Occupation
WITHHELD REFUSED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.52645

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 203.00

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 62 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. FREDERICK R MACLEAN 330
 Full Name (Last, First, Middle Initial)
 Mailing Address 2220 NE 43RD ST
 City LIGHTHOUSE POINT State FL Zip Code 33064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MACLEAN AND EMA Occupation ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014
Transaction ID : SA11AI.52656
 Amount of Each Receipt this Period
 250.00

B. MRS ROBERTA L MALLORY 980
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 15165
 City MILLCREEK State WA Zip Code 98082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.52666
 Amount of Each Receipt this Period
 50.00

C. MRS HELEN MARSHALL 226
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 SUSAN AVE
 City WOODSTOCK State VA Zip Code 22664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.52677
 Amount of Each Receipt this Period
 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR RICHARD MARX 125
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 440

City WAPPINGERS FALLS State NY Zip Code 12590

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

Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : SA11AI.52687

Amount of Each Receipt this Period
152.00

B. MS KAREN S MATTESON 287
Full Name (Last, First, Middle Initial)

Mailing Address 1102 FLEETWOOD PLZ

City LAUREL PARK State NC Zip Code 28739

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SA11AI.52697

Amount of Each Receipt this Period
200.00

C. ROBERT A MAY 826
Full Name (Last, First, Middle Initial)

Mailing Address 2322 S POPLAR ST

City CASPER State WY Zip Code 82601

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.52707

Amount of Each Receipt this Period
75.00

CONTRIBUTION, 10/9/2014

SUBTOTAL of Receipts This Page (optional).....▶	427.00
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 64 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR JOHN MCCRILLIS 037
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 458

City NEWPORT State NH Zip Code 03773

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.52732

Amount of Each Receipt this Period
55.00

CONTRIBUTION, 10/14/2014

B. MR RICHARD G MCDANOLDS 037
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 275

City NORTH HAVERHILL State NH Zip Code 03774

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

Name of Employer RETIRED Occupation DAIRY FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.52741

Amount of Each Receipt this Period
35.00

CONTRIBUTION, 10/6/2014

C. MRS OLIVIA MCFADDEN 852
Full Name (Last, First, Middle Initial)

Mailing Address 11011 N ZEPHYR DR UNIT 111

City FOUNTAIN HILLS State AZ Zip Code 85268

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2125.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.52745

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional).....▶	465.00
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 65 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR ELLSWORTH MCKEE 373
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 567
 City COLLEGEDALE State TN Zip Code 37315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCKEE FOODS CORP Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.52759
 Amount of Each Receipt this Period
 250.00

B. MS CARYL MCKINNEY 920
 Full Name (Last, First, Middle Initial)
 Mailing Address 2963 AVENIDA VALERA
 City CARLSBAD State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52766
 Amount of Each Receipt this Period
 5.00
 CONTRIBUTION, 10/14/2014

C. MS CARYL MCKINNEY 920
 Full Name (Last, First, Middle Initial)
 Mailing Address 2963 AVENIDA VALERA
 City CARLSBAD State CA Zip Code 92009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.52767
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 265.00
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 66 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR JAMES L MCKINSEY 173
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 369
 City WINDSOR State PA Zip Code 17366
 Date of Receipt 12 / 22 / 2014
 Transaction ID : SA11AI.52768
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

B. MISS SUSAN MCMASTER 906
 Full Name (Last, First, Middle Initial)
 Mailing Address 14921 ROMA DR
 City LA MIRADA State CA Zip Code 90638
 Date of Receipt 12 / 18 / 2014
 Transaction ID : SA11AI.52774
 Amount of Each Receipt this Period 40.00
 FEC ID number of contributing federal political committee. C
 Name of Employer EDUCATION FIELD Occupation TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 455.00

C. MRS JUANITA MCMILLON 755
 Full Name (Last, First, Middle Initial)
 Mailing Address 12469 FM 1840
 City DE KALB State TX Zip Code 75559
 Date of Receipt 11 / 25 / 2014
 Transaction ID : SA11AI.52777
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
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 67 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ELIZABETH C MCMURRAY 912
 Full Name (Last, First, Middle Initial)
 Mailing Address 3157 BEAUDRY TER
 City State Zip Code
 GLENDALE CA 91208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : SA11AI.52778
 Amount of Each Receipt this Period
 35.00

B. MR MARINO MEACCI 937
 Full Name (Last, First, Middle Initial)
 Mailing Address 6627 W SHIELDS AVE
 City State Zip Code
 FRESNO CA 93723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED FARMER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.52788
 Amount of Each Receipt this Period
 40.00

C. MRS MARY L MELTZER 139
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 EDGECOMB RD
 City State Zip Code
 BINGHAMTON NY 13905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE HOMEMAKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52796
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION, 10/31/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00
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 68 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR J EDWARD MEYERS 801
 Full Name (Last, First, Middle Initial)
 Mailing Address 3758 W CHENANGO AVE
 City LITTLETON State CO Zip Code 80123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation MUSIC INSTRUCTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52809
 Amount of Each Receipt this Period 40.00
 CONTRIBUTION, 11/18/2014

B. MRS MARILYN MICHAEL 622
 Full Name (Last, First, Middle Initial)
 Mailing Address 21909 CARRIGAN DR
 City CARLYLE State IL Zip Code 62231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 15 / 2014
Transaction ID : SA11AI.52811
 Amount of Each Receipt this Period 50.00

C. MRS JOAN G MILAM 333
 Full Name (Last, First, Middle Initial)
 Mailing Address 2673 CENTER COURT DR
 City WESTON State FL Zip Code 33332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 621.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52812
 Amount of Each Receipt this Period 170.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.00
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 69 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ADRIANA MILIUSIS 494
 Full Name (Last, First, Middle Initial)
 Mailing Address 6141 PEBBLE DR
 City ALLENDALE State MI Zip Code 49401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.52818
 Amount of Each Receipt this Period
 53.00

B. MRS FAITH S MILLER 041
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 BLUEBERRY LN APT L108
 City FALMOUTH State ME Zip Code 04105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.52819
 Amount of Each Receipt this Period
 10.00

C. MR JACK R MILLER 298
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 TURNBERRY CT N
 City AIKEN State SC Zip Code 29803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.52825
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.00
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 70 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MR JACK R MILLER 298

Mailing Address 1 TURNBERRY CT N

City State Zip Code
AIKEN SC 29803

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014
Transaction ID : SA11AI.52826

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. MR LEROY E MILLER 453

Mailing Address 429 SKYLAND DR

City State Zip Code
BELLBROOK OH 45305

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2014
Transaction ID : SA11AI.52831

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
C. MR PI MILLER 980

Mailing Address 16112 INGLEWOOD TER NE

City State Zip Code
KENMORE WA 98028

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
218.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2014
Transaction ID : SA11AI.52843

Amount of Each Receipt this Period
53.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 163.00

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 71 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR GRANT MILLIRON 449
Full Name (Last, First, Middle Initial)

Mailing Address 2384 SPRINGMILL RD

City MANSFIELD State OH Zip Code 44903

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

Name of Employer MILLIRON INDUSTRIES Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014

Transaction ID : SA11AI.52844

Amount of Each Receipt this Period
 200.00

B. MR R MOORE 982
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 334

City LYNDEN State WA Zip Code 98264

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014

Transaction ID : SA11AI.52877

Amount of Each Receipt this Period
 100.00

C. HERNANDO MUNEVAR 462
Full Name (Last, First, Middle Initial)

Mailing Address 7031 NORMANDY WAY

City INDIANAPOLIS State IN Zip Code 46278

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

Name of Employer SELF EMPLOYED Occupation ENGINEER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014

Transaction ID : SA11AI.52910

Amount of Each Receipt this Period
 35.00

CONTRIBUTION, 10/7/2014

SUBTOTAL of Receipts This Page (optional).....	335.00
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 72 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. COL JOHN E MURRAY 782		Date of Receipt
Mailing Address 10000 RHINELAND #218		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN ANTONIO	TX	78239
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52923
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
US MILITARY	OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR MERRILL MYERS 275		Date of Receipt
Mailing Address 218 WHISPERWOOD DR		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
CARY	NC	27518
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52927
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MS CHELI MYERS 752		Date of Receipt
Mailing Address 3530 PINEHURST CIR		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
DALLAS	TX	75234
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.52928
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="199.00"/>
Name of Employer	Occupation	
WRIGHTSON, JOHNSON, HADDON & WILLIA	MANAGER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="424.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="349.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR JOSEPH L NAULT 302
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 VISTA BELLA WAY
 City NEWNAN State GA Zip Code 30265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52931
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION, 10/7/2014

B. MR CARLOS NICHOLS 977
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 NW RIVERFRONT ST
 City BEND State OR Zip Code 97701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.52951
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION, 10/27/2014

C. MR JOSEPH HOWARD NIMO 336
 Full Name (Last, First, Middle Initial)
 Mailing Address 14003 NORTHTOWN CT APT B
 City TAMPA State FL Zip Code 33613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 12 / 2014
Transaction ID : SA11AI.52959
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
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 74 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MRS LONA NOSS 882
Full Name (Last, First, Middle Initial)

Mailing Address 913 W CAPROCK ST

City HOBBS State NM Zip Code 88240

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2014

Transaction ID : SA11AI.52967

Amount of Each Receipt this Period
 50.00

B. MRS EDITH M NOWICKI 551
Full Name (Last, First, Middle Initial)

Mailing Address 750 MISSISSIPPI RIVER BLVD S

City SAINT PAUL State MN Zip Code 55116

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2014

Transaction ID : SA11AI.52968

Amount of Each Receipt this Period
 100.00

C. MR DAN PAUL 100
Full Name (Last, First, Middle Initial)

Mailing Address 103 WAVERLY PL

City NEW YORK State NY Zip Code 10011

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

Name of Employer FORT HUNTER FIRE CO Occupation HOSPITALITY ADMIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014

Transaction ID : SA11AI.53015

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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 75 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KAREN S PELTON 913
 Full Name (Last, First, Middle Initial)
 Mailing Address 19429 FRIAR ST
 City TARZANA State CA Zip Code 91335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : SA11AI.53027
 Amount of Each Receipt this Period
 99.00

B. MR JEROME PFISTER 617
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 60
 City EL PASO State IL Zip Code 61738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53048
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION, 10/6/2014

C. GRACE PLAYER 985
 Full Name (Last, First, Middle Initial)
 Mailing Address 426 LILLY RD NE APT 343
 City OLYMPIA State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53066
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION, 10/14/2014

SUBTOTAL of Receipts This Page (optional).....	384.00
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 76 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MRS KAY POITRAS 338
Full Name (Last, First, Middle Initial)

Mailing Address 949 HAMILTON CIR

City HAINES CITY	State FL	Zip Code 33844
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.53073

Amount of Each Receipt this Period
250.00

CONTRIBUTION, 10/10/2014

B. MRS KAY POITRAS 338
Full Name (Last, First, Middle Initial)

Mailing Address 949 HAMILTON CIR

City HAINES CITY	State FL	Zip Code 33844
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2014

Transaction ID : SA11AI.53074

Amount of Each Receipt this Period
375.00

C. MR JOHN E POKRIOTS 950
Full Name (Last, First, Middle Initial)

Mailing Address 1210 STEINWAY AVE

City CAMPBELL	State CA	Zip Code 95008
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

Transaction ID : SA11AI.53075

Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 77 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MRS DUSKA E POWELL 925
 Full Name (Last, First, Middle Initial)
 Mailing Address 2548 APPLE TREE ST
 City HEMET State CA Zip Code 92545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53089
 Amount of Each Receipt this Period
 50.00

B. MRS MARY L QUINN 606
 Full Name (Last, First, Middle Initial)
 Mailing Address 6540 W IRVING PARK RD
 City CHICAGO State IL Zip Code 60634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53114
 Amount of Each Receipt this Period
 115.00
 CONTRIBUTION, 10/6/2014

C. MR CHARLES J RACK 331
 Full Name (Last, First, Middle Initial)
 Mailing Address 454 NE 93RD ST
 City MIAMI SHORES State FL Zip Code 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FINANCIAL ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53116
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	265.00
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 78 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MS CLAIRE RAINS 941
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 41ST AVE
 City SAN FRANCISCO State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 854.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53120
 Amount of Each Receipt this Period
 35.00
 CONTRIBUTION, 10/14/2014

B. MS CLAIRE RAINS 941
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 41ST AVE
 City SAN FRANCISCO State CA Zip Code 94121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 954.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.53121
 Amount of Each Receipt this Period
 100.00

C. DR V BIRCH RAMBO 294 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 W 9TH NORTH ST UNIT 157
 City SUMMERVILLE State SC Zip Code 29483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.53122
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
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 79 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR IRWIN RASKIN 334

Full Name (Last, First, Middle Initial)
Mailing Address 8735 GRASSY ISLE TRL

City LAKE WORTH	State FL	Zip Code 33467
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

Transaction ID : SA11AI.53130

Amount of Each Receipt this Period
80.00

B. MR ALLEN D RAUSER 283

Full Name (Last, First, Middle Initial)
Mailing Address 338 LONGHORN DR

City FAYETTEVILLE	State NC	Zip Code 28303
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2014

Transaction ID : SA11AI.53132

Amount of Each Receipt this Period
6.50

C. MR JOHN READ 615

Full Name (Last, First, Middle Initial)
Mailing Address 2925 BRADFORD RD

City PUTNAM	State IL	Zip Code 61560
----------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation FARMER
-----------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

Transaction ID : SA11AI.53138

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	186.50
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 80 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR T E REILLY 462 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 8877 PICKWICK DR
 City INDIANAPOLIS State IN Zip Code 46260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53148
 Amount of Each Receipt this Period
 200.00

B. GLENN REINDERS 530
 Full Name (Last, First, Middle Initial)
 Mailing Address 3479 SHERMAN RD
 City JACKSON State WI Zip Code 53037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 841.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53151
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION, 10/9/2014

C. GLENN REINDERS 530
 Full Name (Last, First, Middle Initial)
 Mailing Address 3479 SHERMAN RD
 City JACKSON State WI Zip Code 53037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1007.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.53150
 Amount of Each Receipt this Period
 166.00

SUBTOTAL of Receipts This Page (optional).....	▶	441.00
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 81 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS ELENORE J REINHARDT 928
 Full Name (Last, First, Middle Initial)
 Mailing Address 12321 EMRYS AVE
 City State Zip Code
 GARDEN GROVE CA 92840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 301.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : SA11AI.53152
 Amount of Each Receipt this Period
 25.00

B. MR KARL D REYNOLDS 120
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 ANNA LN
 City State Zip Code
 BALLSTON LAKE NY 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.53157
 Amount of Each Receipt this Period
 50.00

C. MR JOSEPH J RIDOLFO 060
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 POQUONOCK AVE
 City State Zip Code
 WINDSOR CT 06095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.53176
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 95.00
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 82 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MELVIN A RIES 954
Full Name (Last, First, Middle Initial)

Mailing Address 3585 ROUND BARN BLVD APT 329

City SANTA ROSA	State CA	Zip Code 95403
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.69**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2014

Transaction ID : SA11AI.53179

Amount of Each Receipt this Period

388.69

CONTRIBUTION, 10/10/2014

B. MR PHILIP E RITCH 967
Full Name (Last, First, Middle Initial)

Mailing Address 146 KALUAMOO ST

City KAILUA	State HI	Zip Code 96734
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2014

Transaction ID : SA11AI.53181

Amount of Each Receipt this Period

35.00

C. MS KATHLEEN M ROBE 926
Full Name (Last, First, Middle Initial)

Mailing Address 2851 CAROB ST

City NEWPORT BEACH	State CA	Zip Code 92660
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2014

Transaction ID : SA11AI.53184

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	188.69
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 83 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DR ROBERT J ROBERTS 972 MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4888 NW BETHANY BLVD
 City PORTLAND State OR Zip Code 97229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUN COUNTY TRAINING STABL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : SA11AI.53193
 Amount of Each Receipt this Period
 50.00

B. MR JACK H ROBERTS 993
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 WILSON HOLLOW RD
 City WAITSBURG State WA Zip Code 99361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2014
Transaction ID : SA11AI.53194
 Amount of Each Receipt this Period
 250.00

C. MR RICHARD G ROBERTSON 220
 Full Name (Last, First, Middle Initial)
 Mailing Address 10510 CLIPPER DR
 City FAIRFAX STATION State VA Zip Code 22039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CSC Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 895.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53195
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION, 10/23/2014

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR RICHARD G ROBERTSON 220		Date of Receipt
Mailing Address 10510 CLIPPER DR		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
FAIRFAX STATION	VA	22039
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CSC	ENGINEER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="995.00"/>	
		Transaction ID : SA11AI.53196
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
CONTRIBUTION, 10/6/2014		

Full Name (Last, First, Middle Initial) B. MR SCOTT ROBINSON 664		Date of Receipt
Mailing Address 12781 HIGHWAY K31		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
HARVEYVILLE	KS	66431
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	
		Transaction ID : SA11AI.53201
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) C. MR SCOTT ROBINSON 664		Date of Receipt
Mailing Address 12781 HIGHWAY K31		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
HARVEYVILLE	KS	66431
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : SA11AI.53202
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 85 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR DELBERT R ROBINSON 882
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 ALABAMA ST
 City LAKE ARTHUR State NM Zip Code 88253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation IRRIGATION SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.53205
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION, 10/9/2014

B. MR HENRY ROGERS 330
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 S HOLLYBROOK TER APT 307
 City PEMBROKE PINES State FL Zip Code 33025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 10 / 2014
Transaction ID : SA11AI.53213
 Amount of Each Receipt this Period 25.00

C. MR KENNETH ROSE 852
 Full Name (Last, First, Middle Initial)
 Mailing Address 39773 N 107TH WAY
 City SCOTTSDALE State AZ Zip Code 85262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11AI.53225
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION, 10/14/2014

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: (check only one)	PAGE 86 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR GORDON ROSEGREN 554
 Full Name (Last, First, Middle Initial)
 Mailing Address 6800 PILLSBURY AVE S
 City RICHFIELD State MN Zip Code 55423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **235.00**

Date of Receipt **12 / 12 / 2014**
Transaction ID : SA11AI.53227
 Amount of Each Receipt this Period **200.00**

B. MR JACK C ROSENAU 323
 Full Name (Last, First, Middle Initial)
 Mailing Address 1177 OLD FORT DR
 City TALLAHASSEE State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USMC Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.53228
 Amount of Each Receipt this Period **75.00**
 CONTRIBUTION, 10/9/2014

C. MR JACK C ROSENAU 323
 Full Name (Last, First, Middle Initial)
 Mailing Address 1177 OLD FORT DR
 City TALLAHASSEE State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USMC Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 08 / 2014**
Transaction ID : SA11AI.53229
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **145.00**
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 87 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS MARY RUEGGER 922
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 RUTHERFORD ROAD
 City BRAWLEY State CA Zip Code 92227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.53244
 Amount of Each Receipt this Period
 53.00

B. ROBERT A SCOFIELD 802
 Full Name (Last, First, Middle Initial)
 Mailing Address 3905 S JERSEY ST
 City DENVER State CO Zip Code 80237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.53323
 Amount of Each Receipt this Period
 100.00

C. MS EVA F SCOTT 230
 Full Name (Last, First, Middle Initial)
 Mailing Address 15830 GOODES BRIDGE RD
 City AMELIA COURT HOUSE State VA Zip Code 23002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation SMALL BUSINESS OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.53324
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 203.00
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 88 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR JAMES SEARS 722
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 15956

City LITTLE ROCK State AR Zip Code 72231

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

Name of Employer J D SEARS CPA PC Occupation CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **324.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.53334

Amount of Each Receipt this Period
50.00

B. MR AL SHANE 917
Full Name (Last, First, Middle Initial)

Mailing Address 2175 FOOTHILL BLVD STE B

City LA VERNE State CA Zip Code 91750

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

Name of Employer FINANCIAL LEARNING CENTER Occupation FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.53345

Amount of Each Receipt this Period
100.00

C. MR ALVIN SHAW 577
Full Name (Last, First, Middle Initial)

Mailing Address 1700 8TH AVE

City BELLE FOURCHE State SD Zip Code 57717

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : SA11AI.53352

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR BILLY J SHELLENBERGER 675
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 S BELL AVE APT 402

City LYONS	State KS	Zip Code 67554
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.53356

Amount of Each Receipt this Period
 35.00

B. MR JACKIE SIKES 329
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 S BANANA RIVER BLVD

City COCOA BEACH	State FL	Zip Code 32931
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.53384

Amount of Each Receipt this Period
 20.00

C. MR JACKIE SIKES 329
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 S BANANA RIVER BLVD

City COCOA BEACH	State FL	Zip Code 32931
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.53385

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 90 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MRS ORVA SINCLAIR 624		Date of Receipt
Mailing Address PO BOX 278		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53392
MARTINSVILLE	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
SELF EMPLOYED	FARMER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR JOHN F SLANGA 194		Date of Receipt
Mailing Address 684 RIDGE RD		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53395
SPRING CITY	PA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	CONTRIBUTION, 10/8/2014
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. CARROLL SMITH 129		Date of Receipt
Mailing Address 2114 BRADLEY POND RD		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53399
ELLENBURG CENTER	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="250.00"/>
Name of Employer	Occupation	CONTRIBUTION, 10/9/2014
NONE	HOMEMAKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR SUNNY L SMITH 373
 Full Name (Last, First, Middle Initial)
 Mailing Address 1154 HARVEST GLEN DR NW
 City CLEVELAND State TN Zip Code 37312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.53407
 Amount of Each Receipt this Period
 150.00

B. MR DAVID SMITH 454
 Full Name (Last, First, Middle Initial)
 Mailing Address 2512 FAIRMONT AVE
 City DAYTON State OH Zip Code 45419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53408
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION, 10/8/2014

C. JACK SMITH 653
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 BOUNDARY LN
 City OTTERVILLE State MO Zip Code 65348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARMER Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 981.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53415
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. MS MARIAN SORENSEN 177			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <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>12</td><td></td><td></td><td>03</td><td></td><td></td><td>2014</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.53444			M	M	/	D	D	/	Y	Y	Y	Y	12			03			2014			
M	M	/	D	D	/	Y	Y	Y	Y																
12			03			2014																			
Mailing Address 201 S BROAD ST APT 28			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>75.00</td> </tr> </table>			75.00																			
75.00																									
City JERSEY SHORE	State PA	Zip Code 17740																							
FEC ID number of contributing federal political committee. C																									
Name of Employer NONE		Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>400.00</td> </tr> </table>				400.00																			
400.00																									

Full Name (Last, First, Middle Initial) B. MS MARIAN SORENSEN 177			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <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>12</td><td></td><td></td><td>23</td><td></td><td></td><td>2014</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.53445			M	M	/	D	D	/	Y	Y	Y	Y	12			23			2014			
M	M	/	D	D	/	Y	Y	Y	Y																
12			23			2014																			
Mailing Address 201 S BROAD ST APT 28			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>50.00</td> </tr> </table>			50.00																			
50.00																									
City JERSEY SHORE	State PA	Zip Code 17740																							
FEC ID number of contributing federal political committee. C																									
Name of Employer NONE		Occupation RETIRED																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>450.00</td> </tr> </table>				450.00																			
450.00																									

Full Name (Last, First, Middle Initial) C. MRS MADELEINE SOUDEE 200			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <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>12</td><td></td><td></td><td>09</td><td></td><td></td><td>2014</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.53447			M	M	/	D	D	/	Y	Y	Y	Y	12			09			2014			
M	M	/	D	D	/	Y	Y	Y	Y																
12			09			2014																			
Mailing Address 2325 20TH ST NW			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>35.00</td> </tr> </table>			35.00																			
35.00																									
City WASHINGTON	State DC	Zip Code 20009																							
FEC ID number of contributing federal political committee. C																									
Name of Employer GEORGETOWN UNIVERSITY		Occupation PROFESSOR																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>225.00</td> </tr> </table>				225.00																			
225.00																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>160.00</td> </tr> </table>	160.00
160.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

**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 93 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR HARRY B SPENCE 959
 Full Name (Last, First, Middle Initial)
 Mailing Address 13048 SOMERSET DR
 City GRASS VALLEY State CA Zip Code 95945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 25 / 2014
Transaction ID : SA11AI.53453
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION, 11/17/2014

B. JEFFREY SPRAGENS 331
 Full Name (Last, First, Middle Initial)
 Mailing Address 7426 FISHER ISLAND DR
 City FISHER ISLAND State FL Zip Code 33109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 11 / 25 / 2014
Transaction ID : SA11AI.53459
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION, 11/17/2014

C. MR VERLE D STARKEY 670
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 NW 150TH AVE
 City HAVILAND State KS Zip Code 67059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation FARMER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 12 / 12 / 2014
Transaction ID : SA11AI.53471
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 795.00
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 94 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MR JOHN STASSI 919		Date of Receipt
Mailing Address 600 SHEFFIELD CT UNIT 40		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53475
CHULA VISTA	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="250.00"/>
C	91910	
Name of Employer	Occupation	
ITALIAN CATHOLIC FEDERATION	TRUSTEE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. MR JAMES E STEPHENS 625		Date of Receipt
Mailing Address 750 W MARION AVE		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53482
FORSYTH	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="25.00"/>
C	62535	
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="205.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MRS RUTH E STEVENS 950		Date of Receipt
Mailing Address 23350 SERENO CT UNIT V29		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.53489
CUPERTINO	CA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="25.00"/>
C	95014	CONTRIBUTION, 11/18/2014
Name of Employer	Occupation	
NONE	RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 95 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MRS RUTH E STEVENS 950
 Full Name (Last, First, Middle Initial)
 Mailing Address 23350 SERENO CT UNIT V29
 City CUPERTINO State CA Zip Code 95014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.53490
 Amount of Each Receipt this Period
 250.00

B. MR WILLIAM STEWART 211
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 159
 City STEVENSON State MD Zip Code 21153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation INVESTMENTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.53492
 Amount of Each Receipt this Period
 100.00

C. MR JAMES W STEWART 303
 Full Name (Last, First, Middle Initial)
 Mailing Address 4860 LONGCHAMPS DR
 City ATLANTA State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEWART PRESBYTERIAN TRUST Occupation TRUSTEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53493
 Amount of Each Receipt this Period
 75.00
 CONTRIBUTION, 10/17/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
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 96 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR JAMES W STEWART 303
 Full Name (Last, First, Middle Initial)
 Mailing Address 4860 LONGCHAMPS DR
 City ATLANTA State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEWART PRESBYTERIAN TRUST Occupation TRUSTEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53494
 Amount of Each Receipt this Period
 60.00
 CONTRIBUTION, 10/7/2014

B. MR JAMES W STEWART 303
 Full Name (Last, First, Middle Initial)
 Mailing Address 4860 LONGCHAMPS DR
 City ATLANTA State GA Zip Code 30319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer STEWART PRESBYTERIAN TRUST Occupation TRUSTEE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014
Transaction ID : SA11AI.53495
 Amount of Each Receipt this Period
 100.00

C. MRS LORRAINE THALER 309
 Full Name (Last, First, Middle Initial)
 Mailing Address 2074 HILLSINGER RD
 City AUGUSTA State GA Zip Code 30904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2014
Transaction ID : SA11AI.53554
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 97 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MS JEANNETTE L THERRIAULT 997
 Full Name (Last, First, Middle Initial)
 Mailing Address 2473 OLD RICHARDSON HWY
 City NORTH POLE State AK Zip Code 99705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HECTORS WELDING Occupation OFFICE WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53557
 Amount of Each Receipt this Period
 50.00

B. MS JEANNETTE L THERRIAULT 997
 Full Name (Last, First, Middle Initial)
 Mailing Address 2473 OLD RICHARDSON HWY
 City NORTH POLE State AK Zip Code 99705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HECTORS WELDING Occupation OFFICE WORK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : SA11AI.53556
 Amount of Each Receipt this Period
 40.00

C. MR JAMES H THOMAS 321
 Full Name (Last, First, Middle Initial)
 Mailing Address 7828 SE 170TH STONEBROOK LN
 City THE VILLAGES State FL Zip Code 32162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53561
 Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 98 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MR JAMES H THOMAS 321
 Full Name (Last, First, Middle Initial)
 Mailing Address 7828 SE 170TH STONEBROOK LN
 City THE VILLAGES State FL Zip Code 32162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53562
 Amount of Each Receipt this Period
 100.00

B. MRS CATHERINE THREET 770
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 GESSNER RD UNIT 9D
 City HOUSTON State TX Zip Code 77024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOUSEWIFE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53577
 Amount of Each Receipt this Period
 300.00

C. MR LESLIE TOWNSEND 960
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 FRANCISCAN TRL
 City REDDING State CA Zip Code 96003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53594
 Amount of Each Receipt this Period
 50.00

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: (check only one)	PAGE 99 OF 135
	<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	<input type="checkbox"/> 17

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

A. TED T TRAGER 956
Full Name (Last, First, Middle Initial)

Mailing Address 668 RUSTIC RANCH LN

City LINCOLN	State CA	Zip Code 95648
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
431.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.53595

Amount of Each Receipt this Period
136.00

B. MR ROBERT TRITSCH 108
Full Name (Last, First, Middle Initial)

Mailing Address 31 WINCHESTER OVAL

City NEW ROCHELLE	State NY	Zip Code 10805
----------------------	-------------	-------------------

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

Name of Employer SELF EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.53603

Amount of Each Receipt this Period
35.00

CONTRIBUTION, 10/17/2014

C. MR ROBERT S TROTH 341
Full Name (Last, First, Middle Initial)

Mailing Address 3003 GULF SHORE BLVD N APT 301

City NAPLES	State FL	Zip Code 34103
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.53605

Amount of Each Receipt this Period
250.00

CONTRIBUTION, 10/31/2014

SUBTOTAL of Receipts This Page (optional).....▶	421.00
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 100 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR CALVIN K UPP 671
Full Name (Last, First, Middle Initial)

Mailing Address 212 E ELM ST

City Wellington State KS Zip Code 67152

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **411.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.53630

Amount of Each Receipt this Period
25.00

CONTRIBUTION, 10/14/2014

B. MR CALVIN K UPP 671
Full Name (Last, First, Middle Initial)

Mailing Address 212 E ELM ST

City Wellington State KS Zip Code 67152

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **436.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2014

Transaction ID : SA11AI.53631

Amount of Each Receipt this Period
25.00

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

Mailing Address 5113 PATRICIA AVE

City LAS VEGAS State NV Zip Code 89130

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SA11AI.53639

Amount of Each Receipt this Period
200.00

CONTRIBUTION, 10/14/2014

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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 101 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR WALTER B VETTER 560
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 26
 City KASOTA State MN Zip Code 56050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.53659
 Amount of Each Receipt this Period
 50.00

B. MR ROBERT L WALDEN 647
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 NW 1144 PRIVATE RD
 City LEETON State MO Zip Code 64761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53684
 Amount of Each Receipt this Period
 50.00
 CONTRIBUTION, 10/31/2014

C. MR ROBERT L WALDEN 647
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 NW 1144 PRIVATE RD
 City LEETON State MO Zip Code 64761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53685
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 102 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MS ELLEN WALKER 648
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 26

City GRANBY	State MO	Zip Code 64844
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.53688

Amount of Each Receipt this Period

40.00

CONTRIBUTION, 10/9/2014

B. MR J D WALKER 761
Full Name (Last, First, Middle Initial)
Mailing Address 6917 BAL LAKE DR

City FORT WORTH	State TX	Zip Code 76116
--------------------	-------------	-------------------

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

Name of Employer NONE	Occupation NOT EMPLOYED
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11AI.53690

Amount of Each Receipt this Period

30.00

CONTRIBUTION, 10/21/2014

C. MR J D WALKER 761
Full Name (Last, First, Middle Initial)
Mailing Address 6917 BAL LAKE DR

City FORT WORTH	State TX	Zip Code 76116
--------------------	-------------	-------------------

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

Name of Employer NONE	Occupation NOT EMPLOYED
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2014

Transaction ID : SA11AI.53691

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 103 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR J D WALKER 761
 Full Name (Last, First, Middle Initial)
 Mailing Address 6917 BAL LAKE DR
 City FORT WORTH State TX Zip Code 76116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : SA11AI.53692
 Amount of Each Receipt this Period
 40.00

B. MS MARGARET T WALKER 902
 Full Name (Last, First, Middle Initial)
 Mailing Address 30137 AVENIDA TRANQUILA
 City RANCHO PALOS VERDE State CA Zip Code 90275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.53697
 Amount of Each Receipt this Period
 35.00

C. MS MARGARET T WALKER 902
 Full Name (Last, First, Middle Initial)
 Mailing Address 30137 AVENIDA TRANQUILA
 City RANCHO PALOS VERDE State CA Zip Code 90275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.53698
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00
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 104 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR WILLIAM WALTERS 972
 Full Name (Last, First, Middle Initial)
 Mailing Address 4624 SW ILLINOIS ST
 City PORTLAND State OR Zip Code 97221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **370.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11AI.53714
 Amount of Each Receipt this Period **50.00**
 CONTRIBUTION, 10/9/2014

B. MR JAMES WELL 906
 Full Name (Last, First, Middle Initial)
 Mailing Address 9015 LINDANTE DR
 City WHITTIER State CA Zip Code 90603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ERRO CONSULTING Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 01 / 2014**
Transaction ID : SA11AI.53741
 Amount of Each Receipt this Period **50.00**

C. HELEN WETSEL 228
 Full Name (Last, First, Middle Initial)
 Mailing Address 1491 VIRGINIA AVE
 City HARRISONBURG State VA Zip Code 22802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt **12 / 01 / 2014**
Transaction ID : SA11AI.53748
 Amount of Each Receipt this Period **25.00**

SUBTOTAL of Receipts This Page (optional)..... **125.00**
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 105 OF 135
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MR H CLIFTON WHITEMAN 341
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 GOODLETTE RD N APT 324

City NAPLES	State FL	Zip Code 34102
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.53756

Amount of Each Receipt this Period
 35.00

B. MRS SANDRA WHITLARK 944
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 BETTINA AVE

City SAN MATEO	State CA	Zip Code 94403
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53759

Amount of Each Receipt this Period
 200.00

CONTRIBUTION, 10/14/2014

C. MRS JANE F WIELAND 622
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 RIVIERA LN

City O FALLON	State IL	Zip Code 62269
------------------	-------------	-------------------

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

Name of Employer FAITH LUTHERAN CHURCH	Occupation SECRETARY
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : SA11AI.53764

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	335.00
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 106 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DR WALTER WILD 967 PHD
 Full Name (Last, First, Middle Initial)
 Mailing Address 41-473 KALANIANAOLE HWY
 City WAIMANALO State HI Zip Code 96795
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.53766
 Amount of Each Receipt this Period
 200.00

B. MR KENNETH WILLIAMS 945
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 PEYTON DR
 City HAYWARD State CA Zip Code 94544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.53778
 Amount of Each Receipt this Period
 50.00

C. MR JOHN H WILSON 922
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 SUN LAKES BLVD APT 119
 City BANNING State CA Zip Code 92220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53784
 Amount of Each Receipt this Period
 350.00
 CONTRIBUTION, 10/15/2014

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 107 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MR JACK O WRIGHT 686

Mailing Address RR 1 BOX 183

City State Zip Code
GENOA NE 68640

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

Name of Employer Occupation
RETIRED FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53823

Amount of Each Receipt this Period
 20.00

CONTRIBUTION, 10/7/2014

Full Name (Last, First, Middle Initial)
B. MR WILBER YANA 479

Mailing Address 12348 S STATE ROAD 55

City State Zip Code
GOODLAND IN 47948

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.53827

Amount of Each Receipt this Period
 75.00

Full Name (Last, First, Middle Initial)
C. MR ALLEN R YOUNG 923

Mailing Address 7892 LA CRESTA ST

City State Zip Code
HIGHLAND CA 92346

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.53838

Amount of Each Receipt this Period
 25.00

CONTRIBUTION, 10/23/2014

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 108 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MR ALLEN R YOUNG 923
 Full Name (Last, First, Middle Initial)
 Mailing Address 7892 LA CRESTA ST
 City HIGHLAND State CA Zip Code 92346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2014
Transaction ID : SA11AI.53837
 Amount of Each Receipt this Period
 25.00

B. MS BONNIE J YOUNG 945
 Full Name (Last, First, Middle Initial)
 Mailing Address 485 JUANA AVE
 City SAN LEANDRO State CA Zip Code 94577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.53839
 Amount of Each Receipt this Period
 50.00

C. MR JOHN ZIEGLER 173
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 GRACE TER
 City NEW OXFORD State PA Zip Code 17350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation AUTHOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2014
Transaction ID : SA11AI.53850
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	30936.17

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

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

FOR LINE NUMBER: PAGE 109 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2029 K STREET NW
SUITE 300

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00488478

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11C.53987

Amount of Each Receipt this Period
380.00

PAC PASS THRU'S

Full Name (Last, First, Middle Initial)
B. JACK BURNS 920

Mailing Address 740 ANNS WAY

City VISTA State CA Zip Code 92083

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11C.53953

Amount of Each Receipt this Period
10.00

ActRIGHT PAC PASS-THRU

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER CHUI 917

Mailing Address 3930 ROSEMEAD BLVD
APT I

City ROSEMEAD State CA Zip Code 91770

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

Name of Employer Occupation
NONE RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11C.53955

Amount of Each Receipt this Period
10.00

ActRIGHT PAC PASS-THRU

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.00

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 110 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. GARY COATS 750		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014
Mailing Address 1816 LAKE SIDE		Transaction ID : SA11C.53957
City PLANO State TX Zip Code 75023	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer NONE Occupation RETIRED	Aggregate Year-to-Date ▼ 25.00	ActRIGHT PAC PASS-THRU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. ADELBERT E ELDRIDGE 339		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014
Mailing Address 253 BUNKER RD		Transaction ID : SA11C.53959
City ROTONDA WEST State FL Zip Code 33947	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer NONE Occupation RETIRED	Aggregate Year-to-Date ▼ 25.00	ActRIGHT PAC PASS-THRU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. RUSSELL HAYES 953		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014
Mailing Address 577 FIERO DR		Transaction ID : SA11C.53961
City MANTECA State CA Zip Code 95337	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer NONE Occupation RETIRED	Aggregate Year-to-Date ▼ 25.00	ActRIGHT PAC PASS-THRU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 111 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LARRY HILLIARD 274
Full Name (Last, First, Middle Initial)

Mailing Address 3803 BELHAVEN DR

City GREENSBORO	State NC	Zip Code 27407
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11C.53962

Amount of Each Receipt this Period
100.00

ActRIGHT PAC PASS-THRU

[MEMO ITEM]

B. DAVID KRUSE 750
Full Name (Last, First, Middle Initial)

Mailing Address 8117 BRASSTOWN DR

City MCKINNEY	State TX	Zip Code 75070
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11C.53963

Amount of Each Receipt this Period
25.00

ActRIGHT PAC PASS-THRU

[MEMO ITEM]

C. EARL MASON 329
Full Name (Last, First, Middle Initial)

Mailing Address 1307 ENCLAVE DR

City ROCKLEDGE	State FL	Zip Code 32955
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : SA11C.53964

Amount of Each Receipt this Period
25.00

ActRIGHT PAC PASS-THRU

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 112 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KATHLEEN MC ALLISTER 100
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 W 75 ST
 APT 4C
 City NEW YORK State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11C.53965
 Amount of Each Receipt this Period 10.00
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

B. WENDELL MEYER 327
 Full Name (Last, First, Middle Initial)
 Mailing Address 560 WHISPERWOOD DR
 City LONGWOOD State FL Zip Code 32779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11C.53966
 Amount of Each Receipt this Period 10.00
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

C. JOAN MOON 915
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 BETHANY RD #208
 City BURBANK State CA Zip Code 91504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USAO Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt 11 / 25 / 2014
Transaction ID : SA11C.53967
 Amount of Each Receipt this Period 10.00
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	0.00
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 113 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RICHARD PETERSON 921
 Full Name (Last, First, Middle Initial)
 Mailing Address 6354 RANCHO MISSION RD
 UNIT 509
 City SAN DIEGO State CA Zip Code 92108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEPT OF THE NAVY Occupation HUMAN RESOURCE ASST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11C.53968
 Amount of Each Receipt this Period **10.00**
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

B. DANIEL D PHAIR 330
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 RUSSELL ST
 City ISLAMORADA State FL Zip Code 33036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11C.53969
 Amount of Each Receipt this Period **10.00**
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

C. GERALD POTTS 284
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 TROMBAY DR
 City WILMINGTON State NC Zip Code 28412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation ENGINEER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : SA11C.53970
 Amount of Each Receipt this Period **10.00**
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....	0.00
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 114 OF 135
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS VILLAMANA 107
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 DEVON RD
 City BRONXVILLE State NY Zip Code 10708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11C.53971
 Amount of Each Receipt this Period 25.00
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

B. BARBARA WAHRMUND 778
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 HICKORY BEND RD
 City BRENHAM State TX Zip Code 77833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BLINN COLLEGE Occupation EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11C.53972
 Amount of Each Receipt this Period 25.00
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

C. THOMAS WILLIAMS 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 OVERLAND DR
 City MCKINNEY State TX Zip Code 75069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11C.53973
 Amount of Each Receipt this Period 25.00
 ActRIGHT PAC PASS-THRU
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	380.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BASE CONNECT INC		Date of Disbursement MM / DD / YYYY 11 / 25 / 2014
Mailing Address 1155 - 15TH STREET SUITE 410		Transaction ID : SB21B.53865
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 2639.73	
Purpose of Disbursement PAC DIRECT MAIL - CREATIVE (10/30/2014)	Category/Type 003	Amount of Each Disbursement this Period 2639.73
Candidate Name VIGOP	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BASE CONNECT INC		Date of Disbursement MM / DD / YYYY 12 / 18 / 2014
Mailing Address 1155 - 15TH STREET SUITE 410		Transaction ID : SB21B.53864
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 1144.79	
Purpose of Disbursement PAC DIRECT MAIL - CREATIVE	Category/Type 003	Amount of Each Disbursement this Period 1144.79
Candidate Name VIGOP	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITOL CAGING LLC		Date of Disbursement MM / DD / YYYY 11 / 25 / 2014
Mailing Address 504 SHAW RD SUITE 504		Transaction ID : SB21B.53871
City STERLING State VA Zip Code 20166	Amount of Each Disbursement this Period 748.00	
Purpose of Disbursement CAGING SERVICES (10/15/2014)	Category/Type 001	Amount of Each Disbursement this Period 748.00
Candidate Name VIGOP	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... ▶	4532.52
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES (10/30/2014)

Candidate Name

VIGOP

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.53872

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

Candidate Name

VIGOP

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.53873

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

Candidate Name

VIGOP

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.53875

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
BRE POSTAGE DEPOSIT

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2014

Transaction ID : **SB21B.53876**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PO BOX RENEWAL

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **SB21B.53868**

Amount of Each Disbursement this Period

41.56

Full Name (Last, First, Middle Initial)

C. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PO BOX RENEWAL

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 11 / 2014

Transaction ID : **SB21B.53874**

Amount of Each Disbursement this Period

41.56

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

1083.12

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PO BOX RENEWAL

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 11 / 2014

Transaction ID : **SB21B.53877**

Amount of Each Disbursement this Period

41.56

Full Name (Last, First, Middle Initial)

B. CAPITOL CAGING LLC

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 18 / 2014

Transaction ID : **SB21B.53870**

Amount of Each Disbursement this Period

1942.65

Full Name (Last, First, Middle Initial)

C. CENTURY DATA MAILING SERVICES

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAC DIRECT MAIL - POSTAGE (104/30/2014)

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 25 / 2014

Transaction ID : **SB21B.53878**

Amount of Each Disbursement this Period

4446.26

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

6430.47

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CENTURY DATA SYSTEMS CORP

Mailing Address 1155 - 15TH STREET
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING (10/30/2014)

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SB21B.53879

Amount of Each Disbursement this Period

670.34

Full Name (Last, First, Middle Initial)

B. COLORTREE

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
PAC DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 18 / 2014

Transaction ID : SB21B.53880

Amount of Each Disbursement this Period

6346.55

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PAC DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 25 / 2014

Transaction ID : SB21B.53882

Amount of Each Disbursement this Period

4499.87

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

11516.76

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
PAC DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name
VIGOP

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : **SB21B.53881**

Amount of Each Disbursement this Period

611.43

Full Name (Last, First, Middle Initial)

B. EDWARD J COUSAR

Mailing Address 206 OLD FRIENDSHIP RD

City CATAWBA State SC Zip Code 29704

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name
VIGOP

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 10 / 2014

Transaction ID : **SB21B.53889**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. EDWARD J COUSAR

Mailing Address 206 OLD FRIENDSHIP RD

City CATAWBA State SC Zip Code 29704

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name
VIGOP

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 30 / 2014

Transaction ID : **SB21B.53891**

Amount of Each Disbursement this Period

1000.00

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

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

2611.43

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. DIRECT SUPPORT SERVICES		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
Mailing Address 1155 - 15TH STREET NW		Transaction ID : SB21B.53885
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement PAC DIRECT MAIL - POSTAGE	<input type="text" value="003"/>	Amount of Each Disbursement this Period
Candidate Name VIGOP	Category/ Type	<input type="text" value="1363.50"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. DIRECT SUPPORT SERVICES		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
Mailing Address 1155 - 15TH STREET NW		Transaction ID : SB21B.53883
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement PAC DIRECT MAIL - POSTAGE	<input type="text" value="003"/>	Amount of Each Disbursement this Period
Candidate Name VIGOP	Category/ Type	<input type="text" value="13761.78"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. DIRECT SUPPORT SERVICES		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
Mailing Address 1155 - 15TH STREET NW		Transaction ID : SB21B.53884
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement PAC DIRECT MAIL - POSTAGE	<input type="text" value="003"/>	Amount of Each Disbursement this Period
Candidate Name VIGOP	Category/ Type	<input type="text" value="99.54"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="15224.82"/>
TOTAL 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)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DIRECT SUPPORT SERVICES

Mailing Address 1155 - 15TH STREET NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
PAC DIRECT MAIL - POSTAGE

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : SB21B.53886

Amount of Each Disbursement this Period

10406.45

Full Name (Last, First, Middle Initial)

B. DONOR BUREAU

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
PAC LIST ENHANCEMENT (10/30/2014)

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : SB21B.53887

Amount of Each Disbursement this Period

221.63

Full Name (Last, First, Middle Initial)

C. DONOR BUREAU

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
PAC LIST ENHANCEMENT

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : SB21B.53888

Amount of Each Disbursement this Period

1209.07

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

11837.15

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2014			

Transaction ID : SB21B.53893

Amount of Each Disbursement this Period

88.43

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
CUSTOM CREDIT BILLING (11/20/2014)

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2014			

Transaction ID : SB21B.53897

Amount of Each Disbursement this Period

199.00

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE (11/3/2014)

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			01			2014			

Transaction ID : SB21B.53892

Amount of Each Disbursement this Period

84.83

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

372.26

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE

001
Category/
Type

Candidate Name
VIGOP

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

Date of Disbursement

/ /

Transaction ID : SB21B.53894

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
SERVICE CHARGE

001
Category/
Type

Candidate Name
VIGOP

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

Date of Disbursement

/ /

Transaction ID : SB21B.53895

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
CUSTOM CREDIT BILLING

001
Category/
Type

Candidate Name
VIGOP

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

Date of Disbursement

/ /

Transaction ID : SB21B.53896

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 12 / 05 / 2014
Mailing Address 11325 RANDOM HILLS DRIVE #806		Transaction ID : SB21B.53898
City FAIRFAX	State VA	
Purpose of Disbursement CUSTOM CREDIT BILLING	Candidate Name VIGOP	Amount of Each Disbursement this Period 56.25
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: _____	Category/Type 001

Full Name (Last, First, Middle Initial) B. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 12 / 05 / 2014
Mailing Address 11325 RANDOM HILLS DRIVE #806		Transaction ID : SB21B.53899
City FAIRFAX	State VA	
Purpose of Disbursement CUSTOM CREDIT BILLING	Candidate Name VIGOP	Amount of Each Disbursement this Period 85.75
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: _____	Category/Type 001

Full Name (Last, First, Middle Initial) C. FIRST VIRGINIA COMMUNITY BANK		Date of Disbursement MM / DD / YYYY 12 / 10 / 2014
Mailing Address 11325 RANDOM HILLS DRIVE #806		Transaction ID : SB21B.53900
City FAIRFAX	State VA	
Purpose of Disbursement TRANSFIRST BILLING	Candidate Name VIGOP	Amount of Each Disbursement this Period 273.00
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: _____	Category/Type 001

SUBTOTAL of Disbursements This Page (optional).....▶	415.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
TRANSFIRST BILLING

Category/
Type

Candidate Name
VIGOP

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

Date of Disbursement

/ /

Transaction ID : SB21B.53901

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS DRIVE #806

City State Zip Code
FAIRFAX VA 22040

Purpose of Disbursement
TRANSFIRST BILLING

Category/
Type

Candidate Name
VIGOP

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

Date of Disbursement

/ /

Transaction ID : SB21B.53902

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. INTEGRAM

Mailing Address 8421 HILLTOP RD

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DIRECT MAIL - PRINTING & MAILSHOP

Category/
Type

Candidate Name
VIGOP

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

Date of Disbursement

/ /

Transaction ID : SB21B.53903

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.53905

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

1349.26

Purpose of Disbursement
PAC LIST RENTALS (10/30/2014)

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		25		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.53906

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

178.97

Purpose of Disbursement
PAC LIST RENTALS (10/30/2014)

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. LEGACY LIST MANAGEMENT CORP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2014

Mailing Address 1155 - 15TH STREET
SUITE 410

Transaction ID : SB21B.53904

City WASHINGTON State DC Zip Code 20005

Amount of Each Disbursement this Period

1486.94

Purpose of Disbursement
PAC LIST RENTALS

003
Category/ Type

Candidate Name

VIGOP

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

3015.17

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BETH A V LEWIS

Mailing Address 507 N NORWOOD ST

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
LOGO DESIGN WORK

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : **SB21B.53867**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : **SB21B.53908**

Amount of Each Disbursement this Period

3512.40

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2014

Transaction ID : **SB21B.53907**

Amount of Each Disbursement this Period

1007.00

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

5019.40

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

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

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

Full Name (Last, First, Middle Initial)

A. RHA MARKETING

Mailing Address 1272 CORPORATE PARK RD

City FOREST State VA Zip Code 24551

Purpose of Disbursement
PAC DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2014

Transaction ID : SB21B.53909

Amount of Each Disbursement this Period

3916.72

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES (11/6/2014)

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : SB21B.53911

Amount of Each Disbursement this Period

213.79

Full Name (Last, First, Middle Initial)

C. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : SB21B.53913

Amount of Each Disbursement this Period

468.08

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

4598.59

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 10 / 2014

Transaction ID : **SB21B.53910**

Amount of Each Disbursement this Period

1942.25

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : **SB21B.53912**

Amount of Each Disbursement this Period

53.35

Full Name (Last, First, Middle Initial)

C. SIMPKINS ESCROW SERVICES LLC

Mailing Address 29*243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

VIGOP

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2014

Transaction ID : **SB21B.53914**

Amount of Each Disbursement this Period

265.40

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

2261.00

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

78241.31

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

A. WEST VIRGINIA REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

Mailing Address 700 WASHINGTON STREET EAST
SUITE 201

City CHARLESTON State WV Zip Code 25301

Purpose of Disbursement POLITICAL CONTRIBUTION (10/28/2014)

Candidate Name VIGOP

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement: 11 / 25 / 2014

Transaction ID : SB23.53918

Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

TOTAL This Period (last page this line number only)..... ▶ 5000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 132 OF 135
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="54873.02"/>	Transaction ID : SD10.7789	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3784.52"/>	Outstanding Balance at Close of This Period <input type="text" value="51088.50"/>

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

Outstanding Balance Beginning This Period <input type="text" value="17261.30"/>	Transaction ID : SD10.7791	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="670.34"/>	Outstanding Balance at Close of This Period <input type="text" value="16590.96"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COLORTREE	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 2519 BRITTONS HILL RD	
City State Zip Code RICHMOND VA 23230	

Outstanding Balance Beginning This Period <input type="text" value="6520.87"/>	Transaction ID : SD10.37641	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6346.55"/>	Outstanding Balance at Close of This Period <input type="text" value="174.32"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="67853.78"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 133 OF 135
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="95294.25"/>	Transaction ID : SD10.7792	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5111.30"/>	Outstanding Balance at Close of This Period <input type="text" value="90182.95"/>

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

Outstanding Balance Beginning This Period <input type="text" value="2862.88"/>	Transaction ID : SD10.7798	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1430.70"/>	Outstanding Balance at Close of This Period <input type="text" value="1432.18"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor INTEGRAM	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 8421 HILLTOP RD	
City State Zip Code FAIRFAX VA 22031	

Outstanding Balance Beginning This Period <input type="text" value="18208.33"/>	Transaction ID : SD10.37645	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="7185.41"/>	Outstanding Balance at Close of This Period <input type="text" value="11022.92"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="102638.05"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 134 OF 135
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="25680.25"/>	Transaction ID : SD10.15277	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="3015.17"/>	Outstanding Balance at Close of This Period <input type="text" value="22665.08"/>

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

Outstanding Balance Beginning This Period <input type="text" value="6379.00"/>	Transaction ID : SD10.7794	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="4519.40"/>	Outstanding Balance at Close of This Period <input type="text" value="1859.60"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI IMAGING & MAIL	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 21721-A FILIGREE CT	
City State Zip Code ASHBURN VA 20147	

Outstanding Balance Beginning This Period <input type="text" value="2341.72"/>	Transaction ID : SD10.42380	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2341.72"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="26866.40"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 135 OF 135
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor RHA MARKETING	Nature of Debt (Purpose): DIRECT MAIL - PRINTING & MAILSHOP
Mailing Address 1272 CORPORATE PARK RD	
City State Zip Code FOREST VA 24551	

Outstanding Balance Beginning This Period 3916.72	Transaction ID : SD10.37648	
Amount Incurred This Period 0.00	Payment This Period 3916.72	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SIMPKINS ESCROW SERVICES LLC	Nature of Debt (Purpose): ESCROW SERVICES
Mailing Address 29*243 ST JUST DR	
City State Zip Code UNIONVILLE VA 22567	

Outstanding Balance Beginning This Period 2364.87	Transaction ID : SD10.37650	
Amount Incurred This Period 578.00	Payment This Period 2942.87	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	197358.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	197358.23