

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2015 FEB -2 AM 11:58
FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

SICHOTIENSTEIN STORES CORPORATION IPAC

ADDRESS (number and street) 4300 EAST FIFTH AVE

Check if different than previously reported. (ACC)

CLOUTIMBUIS LOH 43219

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00327155

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y in the State of 12

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

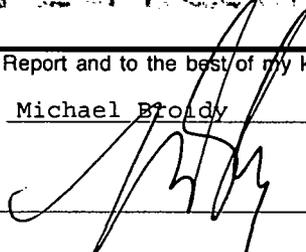
Election on M M / D D / Y Y Y Y in the State of 12

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Boldy

Signature of Treasurer



Date

01 / 30 / 2015

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SCHOTTENSTEIN STORES CORPORATION PAC

Report Covering the Period: From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	1	4

 To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date														
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	1	4		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>5</td><td>9</td><td>0</td><td>6</td><td>1</td></tr></table>	3	5	9	0	6	1
Y	Y	Y	Y													
2	0	1	4													
3	5	9	0	6	1											
(b) Cash on Hand at Beginning of Reporting Period.....																
(c) Total Receipts (from Line 19).....		,7.2.8.8.4														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....		4,319.45														
7. Total Disbursements (from Line 31).....		3,000.00														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....		1,319.45														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....																
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....																

UNRECORDED COPY

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 Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		3,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		3,000.00

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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)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

0
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0

N400 1011-110011

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

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)
SCHOTTENSTEIN STORES CORPORATION PAC

Full Name (Last, First, Middle Initial) A. CRAWFORD, DAVID		Date of Receipt 1 2 0 5 2 0 1 4
Mailing Address 810 DSW DRIVE		Amount of Each Receipt this Period 7 5 . 0 0
City COLUMBUS	State OH Zip Code 43219	
FEC ID number of contributing federal political committee. DSW C 0 0 3 2 7 1 5 5		Name of Employer Occupation
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7 5 . 0 0	

Full Name (Last, First, Middle Initial) B. CRAWFORD, DAVID		Date of Receipt 1 2 1 9 2 0 1 4
Mailing Address 810 DSW DRIVE		Amount of Each Receipt this Period 7 5 . 0 0
City COLUMBUS	State OH Zip Code 43219	
FEC ID number of contributing federal political committee. DSW C 0 0 3 2 7 1 5 5		Name of Employer Occupation
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 5 0 . 0 0	

Full Name (Last, First, Middle Initial) C. MACDONALD, MICHAEL		Date of Receipt 1 2 0 5 2 0 1 4
Mailing Address 810 DSW DRIVE		Amount of Each Receipt this Period 1 8 5 . 1 9
City COLUMBUS	State OH Zip Code 43219	
FEC ID number of contributing federal political committee. DSW C 0 0 3 2 7 1 5 5		Name of Employer Occupation
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1 8 5 . 1 9	

SUBTOTAL of Receipts This Page (optional).....▶	3 3 5 . 1 9
TOTAL This Period (last page this line number only).....▶	7 2 8 . 8 4

110001-110001-110001



Express

677
10:30
8996 02:02

From: (614) 221-9200
Venture - Auditing
Venture
4300 E 5th Ave
Columbus, OH 43219

Origin ID: OSUA



J151015011403UV

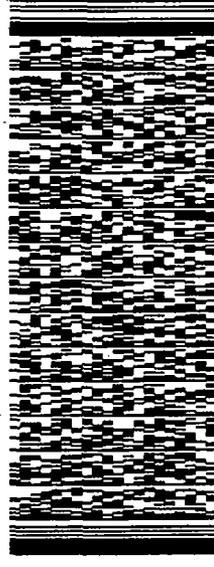
BILL SENDER

SHIP TO: (202) 694-1100

Federal Election Commission

999 E. Street, NW

Washington, DC 20463



Ship Date: 30JAN15
ActWgt: 0.5 LB
CAD: 103866087NWSX02500

Delivery Address Bar Code



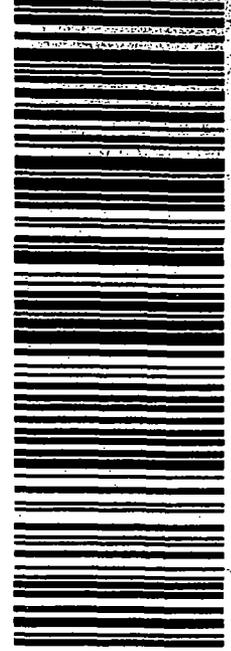
Ref # VENTR
Invoice #
PO #
Dept #

MON - 02 FEB 10:30A
PRIORITY OVERNIGHT

TRK# 7727 7940 8996
0201

20463
DC-US
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SA RDVA



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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/30/15</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

AL
 PREPARER

2/2/15
 DATE PREPARED

82400 1010 0048