

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 APR 15 AM 11:55 FEDERAL MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. SHELL FOR CONGRESS

ADDRESS (number and street) PO BOX 54024 CINCINNATI OH 45254-0202

2. FEC IDENTIFICATION NUMBER 000545335 3. IS THIS REPORT NEW (N) OR AMENDED (A) OH 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2014 through 03 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 Christi N. Perri Signature of Treasurer Date 04 14 2014

14031214096

SUMMARY PAGE  
of Receipts and Disbursements

Write or Type Committee Name

Sheil for Congress

Report Covering the Period:

From:

01 / 01 / 2014

To:

03 / 31 / 2014

COLUMN A  
This Period

COLUMN B  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

1,275.28

45,356.8

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0

0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

1,275.28

45,356.8

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

8,736.1

38,857.4

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0

0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

8,736.1

38,857.4

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

5,894.7

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

For further information contact:

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

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

14031214097

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*Shel for Congress*

Report Covering the Period: From:

01 ' 01 ' 2014

To:

03 ' 31 ' 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0  
127528  
127528  
0  
0  
0  
127528

176724  
238084  
414808  
0  
0  
38760  
453568

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

0  
0  
0

0  
0  
0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

127528

453568

14031214098

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	87361	388574
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	6047
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	87361	40068

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18780
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	127528
25. SUBTOTAL (add Line 23 and Line 24).....	146308
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	87361
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58947

14031214099

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	-------------------------------------	------------------------------------	-----------------------------

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)

*Sheil for Congress*

Full Name (Last, First, Middle Initial)

A.

*n/a*  
Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

\_\_\_\_\_

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

\_\_\_\_\_

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify)

Election Cycle-to-Date

\_\_\_\_\_

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

14031214100

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
*Steel for Congress*

**A.** Full Name (Last, First, Middle Initial) *n/a*

Date of Disbursement:  /  /

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period:

Category/Type:

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

Date of Disbursement:  /  /

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period:

Category/Type:

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

Date of Disbursement:  /  /

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period:

Category/Type:

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

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

14031214101

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full)  
*Shield for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*n/a*

Mailing Address

City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan  
[ ]

Cumulative Payment To Date  
[ ]

Balance Outstanding at Close of This Period  
[ ]

TERMS

Date Incurred: [ M M ] / [ D D ] / [ Y Y Y Y ]  
 Date Due: [ M M ] / [ D D ] / [ Y Y Y Y ]  
 Interest Rate: [ ] % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

SUBTOTALS This Period This Page (optional) ..... ▶ [ ]

TOTALS This Period (last page in this line only) ..... ▶ [ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031214102

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Shield for Congress</i>	FEC IDENTIFICATION NUMBER C
---	--------------------------------

LENDING INSTITUTION (LENDER) Full Name <i>w/a</i>	Amount of Loan [ ]	Interest Rate (APR) [ ] %
Mailing Address	Date Incurred or Established [ ] / [ ] / [ ]	[ ] / [ ] / [ ]
City State Zip Code	Date Due [ ] / [ ] / [ ]	[ ] / [ ] / [ ]

A. Has loan been restructured?  No  Yes If yes, date originally incurred [ ] / [ ] / [ ]

B. If line of credit, Amount of this Draw: [ ] Total Outstanding Balance: [ ]

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? [ ]

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? [ ]

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Date account established: [ ] / [ ] / [ ]

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE [ ] / [ ] / [ ]
---	-------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE [ ] / [ ] / [ ]
Title	

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**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
*Sheil for Congress*

14031214104

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>n/a</i>	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	

B. 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	

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) .....	
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

**FEC FORM 3Z (File with Form 3)**  
**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**  
 (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <i>Shield for Congress</i>	Report Covering Period: From: <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> To: <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
--	--

	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A <i>Shield for Congress</i>	<i>1275.28</i>	<i>0</i>
B Column Total Last Page Only.....	<i>4148.08</i>	<i>0</i>

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	<i>0</i>	<i>0</i>	<i>1275.28</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>389.60</i>	<i>4535.68</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>873.61</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>3885.74</i>	<i>0</i>
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
B	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	<i>0</i>	<i>0</i>	<i>873.61</i>	<i>187.80</i>	<i>589.47</i>	<i>0</i>
B	<i>0</i>	<i>60.47</i>	<i>4006.68</i>			
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	<i>0</i>	<i>1275.28</i>	<i>873.61</i>			
B	<i>0</i>	<i>4535.68</i>	<i>3885.74</i>			

14031214105

14031214105

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1 From Date 4/14/14

Sender's Name Christ N. Pern Phone 8047 8946 2640

Company

Address 810 Carnington Pl 208

City Loveland State OH ZIP 45140

2 Your Internal Billing Reference

3 To Recipients Name FEC Phone 800 424-9530

Company FEC

Address 999 E Street NW

City Washington State DC ZIP 20463

4 Express Package Service To next location. NOTE: Service order has changed. Please select carefully.

Next Business Day 2 or 3 Business Days FedEx First Overnight FedEx 2Day AM FedEx 2Day FedEx Priority Overnight FedEx Standard Overnight

5 Packaging FedEx Envelope\* FedEx Pak\* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options SATURDAY Delivery

No Signature Required Direct Signature Indirect Signature

7 Payment Bill to Sender Recipient Third Party Credit Card Cash/Check

Total Packages Total Weight 644



FedEx NEW Package Express US Airbill

FedEx Tracking Number 8047 8946 2640



8047 8946 2640

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14031214107

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<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>FEDEX</i>	Shipping Date <i>4/14/14</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

*[Signature]*  
 PRÉPARER  
 (8/2013)

*4/15/14*  
 DATE PREPARED