

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 8675 Explorer Drive Suite 112 Colorado Springs CO 80920 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00595686 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X 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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2024 through 03 / 31 / 2024

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 Bogner, Rhonda, , ,

Signature of Treasurer Bogner, Rhonda, , , Date 04 / 10 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Write or Type Committee Name

Family Policy PAC

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="2024"/>		<input type="text" value="428.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="428.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="484.42"/>	<input type="text" value="484.42"/>
(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="912.42"/>	<input type="text" value="912.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="384.00"/>	<input type="text" value="384.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="528.42"/>	<input type="text" value="528.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="3958.71"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Family Policy PAC**

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).....	384.00	384.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	484.00	484.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	484.00	484.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.42	0.42
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)).....▶	484.42	484.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	484.42	484.42

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	384.00	384.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	384.00	384.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	384.00	384.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	384.00	384.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	484.00	484.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	484.00	484.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	384.00	384.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	384.00	384.00

**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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Family Policy PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Family Policy Alliance</b>		Date of Receipt
Mailing Address 8675 Explorer Drive Suite 112		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2024"/>
City Colorado Springs	State CO	Zip Code 80920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4167</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="204.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		In-kind - Legal Services
Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Family Policy Alliance</b>		Date of Receipt
Mailing Address 8675 Explorer Drive Suite 112		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2024"/>
City Colorado Springs	State CO	Zip Code 80920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4168</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="180.00"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		In-kind - Legal Services
Aggregate Year-to-Date ▼ <input type="text" value="384.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Aggregate Year-to-Date ▼ <input type="text"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="384.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="384.00"/>

**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"/> 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)  
**Family Policy PAC**

**A. Family Policy Alliance**

Full Name (Last, First, Middle Initial)

Mailing Address 8675 Explorer Drive  
Suite 112

City Colorado Springs State CO Zip Code 80920

Purpose of Disbursement  
In-kind - Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 14 / 2024

FEC Identification Number  
**C** Transaction ID : SB21B.4170

Amount of Each Disbursement this Period  
204.00

Memo Item

**B. Family Policy Alliance**

Full Name (Last, First, Middle Initial)

Mailing Address 8675 Explorer Drive  
Suite 112

City Colorado Springs State CO Zip Code 80920

Purpose of Disbursement  
In-kind - Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 12 / 2024

FEC Identification Number  
**C** Transaction ID : SB21B.4169

Amount of Each Disbursement this Period  
180.00

Memo Item

**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: MM / DD / YYYY

FEC Identification Number  
**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 384.00

**TOTAL** This Period (last page this line number only)..... ▶ 384.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Family Policy PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="13.91"/>	<b>Transaction ID : SD10.4122</b>	
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="13.91"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="74.15"/>	<b>Transaction ID : SD10.4123</b>	
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="74.15"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="73.65"/>	<b>Transaction ID : SD10.4124</b>	
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="73.65"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="161.71"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 9 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Family Policy PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Legal fees
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="1592.50"/>	<b>Transaction ID : SD10.4125</b>	
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="1592.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Legal fees
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="1531.00"/>	<b>Transaction ID : SD10.4126</b>	
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="1531.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="247.06"/>	<b>Transaction ID : SD10.4127</b>	
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="247.06"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3370.56"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 10 OF 10
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Family Policy PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Wages
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="410.34"/>	<b>Transaction ID : SD10.4128</b>	
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="410.34"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Office expense reimbursements
Mailing Address 8675 Explorer Drive Suite 112			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="16.10"/>	<b>Transaction ID : SD10.4129</b>	
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="16.10"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="426.44"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="3958.71"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="3958.71"/>