

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 PAC

ADDRESS (number and street) 1001 LIBERTY AVENUE SUITE 850 PITTSBURGH PA 15222 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00336842 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: 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 in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 / 01 / 2014 through 01 / 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 Mr. WILLIAM J. DONAHUE

Signature of Treasurer Mr. WILLIAM J. DONAHUE [Electronically Filed] Date 02 / 12 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**FAMILY 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="2014"/>		<input type="text" value="128322.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="128322.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18483.00"/>	<input type="text" value="18483.00"/>
(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="146805.84"/>	<input type="text" value="146805.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10500.00"/>	<input type="text" value="10500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="136305.84"/>	<input type="text" value="136305.84"/>
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="0.00"/>	

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

**FAMILY 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).....	18483.00	18483.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18483.00	18483.00
(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) .....	18483.00	18483.00
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.).....	0.00	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))..... ▶	18483.00	18483.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18483.00	18483.00

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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 .....	3000.00	3000.00
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)) ..	10500.00	10500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	10500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	18483.00	18483.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18483.00	18483.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**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"/> 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

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 PAC**

**A. CHRISTOPHER JOSEPH D'ORAZIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6630 SW 57TH AVENUE  
 APARTMENT B319  
 City SOUTH MIAMI State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STUDENT Occupation STUDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1094.00

Date of Receipt 01 / 29 / 2014  
**Transaction ID : SA11AI.5661**  
 Amount of Each Receipt this Period 1094.00  
 GENERAL CONTRIBUTION

**B. MAURA KATHERINE DONLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3639 N. PINE GROVE AVENUE  
 APT. 12G  
 City CHICAGO State IL Zip Code 60613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STUDENT Occupation STUDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1094.00

Date of Receipt 01 / 31 / 2014  
**Transaction ID : SA11AI.5671**  
 Amount of Each Receipt this Period 1094.00  
 GENERAL CONTRIBUTION

**C. Miss MEGAN ELIZABETH DONLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 NORTH UNION STREET  
 City ALEXANDRIA State VA Zip Code 22314-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE BECKET FUND Occupation COMMUNICATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3092.00

Date of Receipt 01 / 29 / 2014  
**Transaction ID : SA11AI.5666**  
 Amount of Each Receipt this Period 3092.00  
 GENERAL CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<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)  
**FAMILY PAC**

**A. SUSANNA FREYVOGEL KOUBEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 LONGFELLOW PLACE  
 APT. 2123  
 City BOSTON State MA Zip Code 02114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer STUDENT Occupation STUDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1094.00

Date of Receipt 01 / 29 / 2014  
**Transaction ID : SA11AI.5667**  
 Amount of Each Receipt this Period 1094.00  
 GENERAL CONTRIBUTION

**B. Mrs. CAROL DONAHUE MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6875 HUNTERS ROAD  
 City NAPLES State FL Zip Code 34109-0539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 01 / 29 / 2014  
**Transaction ID : SA11AI.5663**  
 Amount of Each Receipt this Period 480.00  
 GENERAL CONTRIBUTION

**C. Mrs. MAUREEN DONAHUE MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3980 GORDON DRIVE  
 City NAPLES State FL Zip Code 34102-7962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOMEMAKER Occupation HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2353.00

Date of Receipt 01 / 29 / 2014  
**Transaction ID : SA11AI.5664**  
 Amount of Each Receipt this Period 2353.00  
 GENERAL CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3927.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<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)  
**FAMILY PAC**

**A. Mrs. RHODORA FREYVOGEL NOETHLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1054 BEECHWOOD BOULEVARD  
 City PITTSBURGH State PA Zip Code 15206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **3092.00**

Date of Receipt: **01 / 29 / 2014**  
**Transaction ID : SA11AI.5668**  
 Amount of Each Receipt this Period: **3092.00**  
**GENERAL CONTRIBUTION**

**B. Mrs. MARY KATHERINE O'MALLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 270 SPRINGLINE DRIVE  
 City NAPLES State FL Zip Code 34102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **HOMEMAKER** Occupation: **HOMEMAKER**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **3092.00**

Date of Receipt: **01 / 29 / 2014**  
**Transaction ID : SA11AI.5662**  
 Amount of Each Receipt this Period: **3092.00**  
**GENERAL CONTRIBUTION**

**C. Mr. ANDREW JACOB PETNUCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 FAIRVIEW MANOR STREET  
 City PITTSBURGH State PA Zip Code 15238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **DEFENSE FINANCE & ACTG SERVICE** Occupation: **ANALYST**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **3092.00**

Date of Receipt: **01 / 29 / 2014**  
**Transaction ID : SA11AI.5665**  
 Amount of Each Receipt this Period: **3092.00**  
**GENERAL CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>9276.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>18483.00</b>



**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

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NAME OF COMMITTEE (In Full)  
**FAMILY PAC**

Full Name (Last, First, Middle Initial)

**A. RON DESANTIS FOR CONGRESS**

Mailing Address PO BOX 405

City State Zip Code  
POINTE VEDRA FL 32004

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

Transaction ID : SB23.5672

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City State Zip Code  
CHARLESTON SC 29407

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: SC District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

Transaction ID : SB23.5673

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

7500.00

7500.00

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

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NAME OF COMMITTEE (In Full)  
**FAMILY PAC**

Full Name (Last, First, Middle Initial)

**A. PAM BONDI FOR ATTORNEY GENERAL**

Mailing Address PO BOX 10069

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
ATTORNEY GENERAL FLORIDA - PRIMARY

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2014

Transaction ID : SB29.5674

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3000.00

3000.00