

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED

2013 APR 08 10:40 AM

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12 FEB 4 15 12 PM MAIL CENTER**  
Pride PAC

ADDRESS (number and street) P.O. Box 529  
 Check if different than previously reported. (ACC) Timonium Belvedere CA 94920

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

**000513150**

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 02 2013** through **03 18 2013**

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 Marcus A. Lovingood

Signature of Treasurer *M. Lovingood* Date **03 10 2013**

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

1303105210

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pride PAC

Report Covering the Period: From: 01 02 2013 To: 03 18 2013

13031052211

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2013</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	100.00	100.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	100.00	100.00
7. Total Disbursements (from Line 31).....	0.00	000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	100.00	100.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Pride PAC*

Report Covering the Period: From:

*01* / *02* / *2013*

To:

*03* / *18* / *2013*

**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).....

*1,000.00*

*1,000.00*

(ii) Unitemized.....

*0.00*

*0.00*

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*1,000.00*

*1,000.00*

(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).....▶

*1,000.00*

*1,000.00*

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)).....▶

*1,000.00*

*1,000.00*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*1,000.00*

*1,000.00*

13031052212

**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.....	0.00	0.00
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 .....	0.00	0.00
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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

13031052213

**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) .....	1,000.00	1,000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,000.00	1,000.00
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

13031052214

**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	<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)  
**Pride PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**Silcox, Hugh**

Mailing Address  
**2232 Bank St.**

City **Baltimore** State **MD** Zip Code **21231**

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

Name of Employer **SAIC** Occupation **Technical Writer**

Receipt For:  
 Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾  
**350.00**

Date of Receipt  
**02 / 19 / 2013**

Amount of Each Receipt this Period  
**100.00**

**B.**

Full Name (Last, First, Middle Initial)

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) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

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) ▾

Aggregate Year-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▷ **100.00**

TOTAL This Period (last page this line number only)..... ▷ **100.00**

13031052215

**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)

PAGE OF

<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)

Pride PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▾

Amount
--------

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▾

Amount
--------

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM	DD	YYYY
----	----	------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▾

Amount
--------

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

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

Subtotal
Total

13031052216

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <p style="text-align:center">Pride PAC</p>	FEC IDENTIFICATION NUMBER C
---	--------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type		
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date

1303105217



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.

Hand Delivered

Date of Receipt

USPS First Class Mail

Postmarked

USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

*JMW*  
PREPARER  
(3/2005)

*4/8/13*  
DATE PREPARED

13031052218