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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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

THE JACK SHEPARD FOR EQUAL JUSTICE FOR ALL & TO LEGALIZE MARIJUANA COMMITTEE FOR SENATE

ADDRESS (number and street) ▼ VIA ROMUALDO MARENCO 20A

☐ Check if different than previously reported. (ACC)

CITY ▲ ROME STATE ▲ ITALY ZIP CODE ▲ 00124-

2. **FEC IDENTIFICATION NUMBER ▼** C00563791

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

STATE ▼ DISTRICT: MN

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)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 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 JACK SHEPARD

Signature of Treasurer [signature] Date 07 / 04 / 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.

Office Use Only							

FEC FORM 3
(Revised 02/2003)

FE5AN018

14020661225

FEC **Form 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JACK SHEPARD FOR EQUAL JUSTICE FOR ALL & TO LEGALIZE MARIJUANA COMMITTEE FOR SENATE

Report Covering the Period: From: MM 04 / DD 01 / YYYY 2014 To: MM 06 / DD 30 / YYYY 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))..	0	
(b) Total Contribution Refunds (from Line 20(d))..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)..	5920.00	5920.00
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	5920.00	5920.00
8. Cash on Hand at Close of Reporting Period (from Line 27)...	~~[illegible]~~ 19,408.00	
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)..	0	

For further information contact:

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

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

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)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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)

A.
Full Name (Last, First, Middle Initial): GO DADDY
Mailing Address: 14455 N HAYDEN RD STE 226
City: SCOTTSDALE State: AZ Zip Code: 85260
Purpose of Disbursement: WEB SITE
Candidate Name: JACK SHEPARD
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 01 / 27 / 2014
Amount of Each Disbursement this Period: 7323

B.
Full Name (Last, First, Middle Initial): MALCOM SAMUELS / KMOJ RADIO
Mailing Address: 2123 WEST BROADWAY SUITE 200
City: MINNEAPOLIS State: MN Zip Code: 55411
Purpose of Disbursement: RADIO & ADVICE
Candidate Name: JACK SHEPARD
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 03 / 25 / 2014
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): FACE BOOK
Mailing Address: 1601 WILLOW RD 94025
City: MENIO PARK State: CALIFORNIA Zip Code:
Purpose of Disbursement: ADVERTISE
Candidate Name: JACK SHEPARD
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 06 / 21 / 2014
Amount of Each Disbursement this Period: 59200

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

TOTAL This Period (last page this line number only) 59200

THIS PERIOD

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name
THE JACK SHEPARD FOR EQUAL JUSTICE FOR ALL & TO LEGALIZE MARIJUANA COMMITTE FOR SENATE

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 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)...	0	
(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))..		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..		
13. LOANS: (a) Made or Guaranteed by the Candidate...	20,000,00	20000,00
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...	20000,00	20,000,00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	0	0

MY OWN MONEY FROM MY SELF I LOANED TO COMMITTEE

14020661222

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	59200	59200
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.....		
(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...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0	0
21. OTHER DISBURSEMENTS.....	59200	59200
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59200	59200

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	2000000
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	0
25. SUBTOTAL (add Line 23 and Line 24)...	2000000
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	59200
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	1940800

14020661229

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

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 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)
JACK SHEPARD FOR EQUAL JUSTICE FOR ALL & LEGALIZE MARIJUANA COMMITTEE FOR SENATE

A.
Full Name (Last, First, Middle Initial) O
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 M M / D D / Y Y Y Y
Amount of Each Receipt this Period

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)
Election Cycle-to-Date
Date of Receipt M M / D D / Y Y Y Y
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)
Election Cycle-to-Date
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) 0

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one)
- [ ] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full) JACK SHEPARD FOR EQUAL JUSTICE FOR ALL & LEGALIZE MARIJUANA COMMITTEE FOR SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial): JACK SHEPARD

Mailing Address: VIA R. MANFRED 20 A

City: ROME ~~State~~: ITALY ZIP Code: 00124

Election:
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

MY OWN MONEY FROM MYSELF I LOANED TO COMMITTEE →

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000	0	2000000

TERMS

Date Incurred (MM DD YYYY)	Date Due (MM DD YYYY)	Interest Rate	Secured
05 / 15 / 2014	05 / 15 / 2015	0 % (apr)	[ ] Yes [x] No

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

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

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

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

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

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

TOTALS This Period (last page in this line only)... ▶ 20000.00

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

14020661271

1 [illegible] 1232

DHL EXPRESS

Track this shipment: http://www.dhl.com

Shipment Waybill
(Non negotiable)

EXPIRY 12/13

47 8848 8025

ORIGIN ICOM

DESTINATION CODE

PT10/12 F35 IT MP

1 Payer account number and insurance details

Charge to ☒ Shipper ☐ Receiver ☐ 3rd party

Payer Account No.

☐ Cash
☐ Ch
☐ Cr
☐ Ca

Shipment Insurance see reverse
☐ Yes [redacted]

Not all payment options available in all countries.

CC reference code

2 From (Shipper)

Shipper's account number: (A) HROM

Contact name

Shipper's reference (up to 32 characters, first 12 will be shown on invoice): P: 0947644 0582

Company name: DR JACK SHEPARD

Address: VIA R. MARENGO 20
ROME ITALY

Postcode/Zip Code (required): 00124

Phone, Fax or E-mail (required): 3339061799

3 To (Receiver)

FEDERAL ELECTION COMMISSION
999 E. STREET, N.W
WASHINGTON, D.C 20463

Postcode/Zip Code (required): 20463

Country: USA

Contact person

Phone, Fax or E-mail (required): 202-694-1000

4 Shipment details *Billed weight is calculated from total weight and dimensions*

Total number of packages	Total Weight	Dimensions in cm Pieces	Length	Width	Height
1	0.1 kg gr	@	12	1	1
		@			
		@			

5 Full description of contents

Give content and quantity

Doc

6 Non-Document Shipments Only (Customs Requirement)

Attach the original and two copies of a Proforma or Commercial invoice

Shipper's VAT/GST number: 0947644 0582

Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (as on commercial/proforma invoice)

Harmonised Commodity Code if applicable

Government Export Number (where legally required)

TYPE OF EXPORT ☐ Permanent ☐ Repair/Return ☐ Temporary

Destination duties/taxes If left blank receiver pays duties/taxes
☐ Receiver ☐ Shipper ☐ Other specify approved account number

7 Shipper's agreement (Signature required)

Unless otherwise agreed in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between me/us and DHL and (1) such Terms and Conditions and, where applicable, the Warsaw Convention limits and/or includes DHL's liability for loss, damage or delay and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature

Date 8 / 5 / 2011

8 Products & Services

☐ Domestic ☒ International Document
☐ European Union ☐ International Non-Document

Products (not all are available to and from all locations)
☐ EXPRESS 9:00
☐ EXPRESS 10:30
☐ EXPRESS 12:00
☒ EXPRESS WORLDWIDE
☐ EXPRESS ENVELOPE
☐ ECONOMY
☐ OTHER

Optional Services (extra charges may apply)
☐ Saturday Delivery ☐ Hold for Collection
☐ Delivery Notification ☐ Pay via Packaging
☐ OTHER

Globalmail Business
☐ Priority ☐ Standard ☐ Other

DIMENSIONAL/CHARGEABLE WEIGHT
kg gr

CHARGES
Services
Other
Ins
VAT

CURRENCY € TOTAL 31.00

Picked up by

Route No. 1-2-4

Time 12 Date 08 08 11

Receiver's / Parcel copy

FEC MAIL CENTER

Maximum recommended weight 3 kg/6.6 lbs

American Dental Studios

Dott. Jack Edward Shepard
Medico Dentista

Viale Europa, 331 - Roma
Viale di Castel Porziano 434/F-00124 Roma
Via Bertina –Montefiascone (VT)

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14 AUG 2: PM 2:56
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Federal Election Commission **Aug. 8 , 2014**

I am sorry, but to save money I tried to mail with documents with the Italian Post. But everything got returned I do not know why? Security?

It was better then a few years ago I mailed everything, and it just never arrived and I was only notified, by your letter or I looked online, I do not know why.

The post here is alway a problem becasue these are importane papers I am waiting for the DHL.

Sorry

Dott Jack E Shepard

Dott. Jack Edward Shepard
info@americandentalstudios.com
0012226519838

14020661233

JANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7113
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ Date of Receipt

USPS FIRST CLASS MAIL _____ Postmark

USPS REGISTERED/CERTIFIED _____ Postmark

USPS PRIORITY MAIL _____ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____ Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS		☐
UPS		☐
DHL	8-8-14	☐
AIRBORNE EXPRESS		☐

RECEIVED FROM FEDERAL ELECTION COMMISSION 8-12-14 Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____ Date of Receipt

OTHER 8-8-14 Date of Receipt or Postmark

PREPARER DH DATE PREPARED 8-12-14

14020661234

SEN PATCH

1402066123 5

SEN PATCH