

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUSH
11 OCT 14 PM 12:06
Office Use Only

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

Women of the Senate Fund 2014

ADDRESS (number and street) 600 Pennsylvania Ave SE, Ste 210

Check if different than previously reported. (ACC) Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00562116

CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**

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)

Termination Report (TER)

(b) 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

(c) 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 M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

07 / 01 / 2014 through 09 / 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 Judith Zamore

Signature of Treasurer *Judith Zamore* Date M M / D D / Y Y Y Y Y Y

10 / 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.

14020742301

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Women of the Senate Fund 2014

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2014

To:

MM / DD / YYYY
09 / 30 / 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)) ..

2,875.00

138,225.00

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

0.00

0.00

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

2,875.00

138,225.00

7. Net Operating Expenditures

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

2,004.97

9,765.67

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

0.00

0.00

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

2,004.97

9,765.67

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

1,834.33

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

For further information contact:

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

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

14020742302

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Women of the Senate Fund 2014

Report Covering the Period: From: 07 / 01 / 2014 To: 09 / 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)...	1,800.00	127,400.00
(ii) Unitemized	75.00	75.00
(ii) TOTAL of contributions from individuals .	1,875.00	127,475.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	1,000.00	10,750.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	2,875.00	138,225.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	2,875.00	138,225.00

14020742303

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES ..	2,004.97	9,765.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	2,850.00	126,625.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate ..	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)) ..	0.00	0.00
20. 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 20(a), (b), and (c)) ..	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4,854.97	136,390.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ..	3,814.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) ..	2,875.00
25. SUBTOTAL (add Line 23 and Line 24) ..	6,689.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ..	4,854.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) ..	1,834.33

14020742304

**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 1 OF 1

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)
Women of the Senate Fund 2014

Full Name (Last, First, Middle Initial) A. April Bodman		Date of Receipt 07 / 07 / 2014
Mailing Address 140 Bowen St City: Providence, RI State: RI Zip Code: 02906		Amount of Each Receipt this Period 1,000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Not Employed	Occupation Homemaker	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) B. Nellie Gorbea		Date of Receipt 07 / 07 / 2014
Mailing Address 65 Fishing Cove Rd City: North Kingstown, RI State: RI Zip Code: 02852		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Information Requested	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Abbot Stranahan		Date of Receipt 07 / 07 / 2014
Mailing Address 67 Manning St City: Providence, RI State: RI Zip Code: 02906		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Philanthropist	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1,800.00
TOTAL This Period (last page this line number only).....	1,800.00

14020742305

**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 1 OF 1

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Women of the Senate Fund 2014

Full Name (Last, First, Middle Initial) Caremark Rx Inc Employee's PAC		Date of Receipt MM/DD/YYYY 07/07/2014
Mailing Address 1300 I St NW Ste 525 West City State Zip Code Washington, DC 20005		Amount of Each Receipt this Period 1,000.00
FEC ID number of contributing federal political committee. C00384818	Occupation	
Name of Employer	Occupation	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1,000.00	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C	Occupation	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		
FEC ID number of contributing federal political committee. C	Occupation	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1,000.00
TOTAL This Period (last page this line number only).....	1,000.00

14020742306

**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)		PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Women of the Senate Fund 2014

A. Full Name (Last, First, Middle Initial) ActBlue Technical Services		Date of Disbursement 07 / 06 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 0.99
City Somerville, MA	State MA	
Zip Code 02144		Category/ Type
Purpose of Disbursement Merchant Fees		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

B. Full Name (Last, First, Middle Initial) ActBlue Technical Services		Date of Disbursement 08 / 03 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 0.99
City Somerville, MA	State MA	
Zip Code 02144		Category/ Type
Purpose of Disbursement Merchant Fees		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

C. Full Name (Last, First, Middle Initial) Capitol Compliance Associates		Date of Disbursement 08 / 26 / 2014
Mailing Address 600 Pennsylvania Ave SE Ste 210		Amount of Each Disbursement this Period 2,000.00
City Washington, DC	State DC	
Zip Code 20003		Category/ Type
Purpose of Disbursement Compliance Services		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2,001.98
TOTAL This Period (last page this line number only).....	

14020742307

**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)				PAGE 2 OF 2	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (In Full)
Women of the Senate Fund 2014

A. Full Name (Last, First, Middle Initial) ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 09 / 07 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 0.99
City Somerville, MA	State MA	
Purpose of Disbursement Merchant Fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

B. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	0.99
TOTAL This Period (last page this line number only).....	2,004.97

14020742308

**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)		PAGE 1 OF 1	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Women of the Senate Fund 2014

A. Full Name (Last, First, Middle Initial) Friends of Mary Landrieu		Date of Disbursement MM/DD/YYYY 08/21/2014
Mailing Address 700 13th St NW, Suite 600		Amount of Each Disbursement this Period 950.00
City Washington, DC	State DC	
Zip Code 20005		Category/ Type
Purpose of Disbursement Transfer		
Candidate Name Mary Landrieu		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: LA District:	

B. Full Name (Last, First, Middle Initial) Hagan for US Senate		Date of Disbursement MM/DD/YYYY 08/21/2014
Mailing Address PO Box 29103		Amount of Each Disbursement this Period 950.00
City Greensboro, NC	State NC	
Zip Code 27429		Category/ Type
Purpose of Disbursement Transfer		
Candidate Name Kay Hagan		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District:	

C. Full Name (Last, First, Middle Initial) Shaheen for Senate		Date of Disbursement MM/DD/YYYY 08/21/2014
Mailing Address 105 N State St		Amount of Each Disbursement this Period 950.00
City Concord, NH	State NH	
Zip Code 03301		Category/ Type
Purpose of Disbursement Transfer		
Candidate Name Jeanne Shaheen		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NH District:	

SUBTOTAL of Disbursements This Page (optional).....	2,850.00
TOTAL This Period (last page this line number only).....	2,004.97

14020742309

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

10-14-14

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 _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

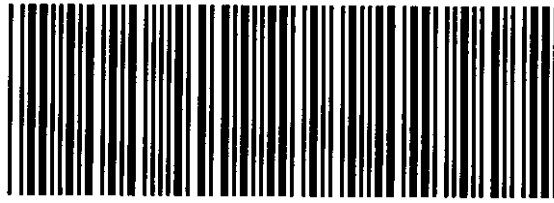
PREPARER

DH

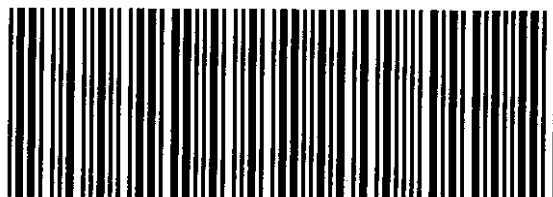
DATE PREPARED

10-14-14

14020742310



SEN PATCH



SEN PATCH

14020742311