

HAND DELIVERED

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2014 NOV 20 PM 3:15
Office Use Only

12FE4M5C MAIL CENTER

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

Make Your Laws PAC, Inc. (MYL PAC)

ADDRESS (number and street)

122 Pinecrest Rd



Check if different than previously reported. (ACC)

Durham NC 27705-5813

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00529743

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on: M M / D D / Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on: M M / D D / Y Y Y Y in the State of

5. Covering Period

01 / 01 / 2014

through

03 / 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 Sai

Signature of Treasurer

Date

05 / 28 / 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 3X Rev. 12/2004

14031242347

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Make Your Laws PAC, Inc. (MYL PAC)

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	1	4

 To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	4

14031242348

	COLUMN A This Period	COLUMN B Calendar Year-to-Date													
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>4</td></tr></table>	Y	Y	Y	Y	2	0	1	4		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>3</td><td>8</td><td>2</td></tr></table>	7	4	3	8	2
Y	Y	Y	Y												
2	0	1	4												
7	4	3	8	2											
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>4</td><td>3</td><td>8</td><td>2</td></tr></table>	7	4	3	8	2									
7	4	3	8	2											
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>8</td><td>0</td><td>0</td></tr></table>	2	8	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>8</td><td>0</td><td>0</td></tr></table>	2	8	0	0					
2	8	0	0												
2	8	0	0												
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>7</td><td>1</td><td>8</td><td>2</td></tr></table>	7	7	1	8	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>7</td><td>1</td><td>8</td><td>2</td></tr></table>	7	7	1	8	2			
7	7	1	8	2											
7	7	1	8	2											
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>1</td><td>3</td><td>6</td><td>2</td></tr></table>	5	1	3	6	2	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>1</td><td>3</td><td>6</td><td>2</td></tr></table>	5	1	3	6	2			
5	1	3	6	2											
5	1	3	6	2											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>5</td><td>8</td><td>2</td><td>0</td></tr></table>	2	5	8	2	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>5</td><td>8</td><td>2</td><td>0</td></tr></table>	2	5	8	2	0			
2	5	8	2	0											
2	5	8	2	0											
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).....															

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

Make Your Laws PAC, Inc. (MYL PAC)

Report Covering the Period: From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	1	4

 To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	4

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

<p>11. Contributions (other than loans) From:</p> <p>(a) Individuals/Persons Other Than Political Committees</p> <p>(i) Itemized (use Schedule A).....</p> <p>(ii) Unitemized.....</p> <p>(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶</p> <p>(b) Political Party Committees.....</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶</p> <p>12. Transfers From Affiliated/Other Party Committees.....</p> <p>13. All Loans Received.....</p> <p>14. Loan Repayments Received.....</p> <p>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</p> <p>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</p> <p>17. Other Federal Receipts (Dividends, Interest, etc.).....</p> <p>18. Transfers from Non-Federal and Levin Funds</p> <p>(a) Non-Federal Account (from Schedule H5).....</p> <p>(b) Levin Funds (from Schedule H5).....</p> <p>(c) Total Transfers (add 18(a) and 18(b))..</p> <p>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</p> <p>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</p>	<p>2 8 0 0</p> <p>2 8 0 0</p> <p>2 8 0 0</p>	<p>2 8 0 0</p> <p>2 8 0 0</p> <p>2 8 0 0</p>
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14031242349

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	5 1 3 6 2	5 1 3 6 2
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5 1 3 6 2	5 1 3 6 2
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5 1 3 6 2	5 1 3 6 2
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5 1 3 6 2	5 1 3 6 2

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)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5 1 3 6 2	5 1 3 6 2
37. Offsets to Operating Expenditures (from Line 15, page 3)	2 8 0 0	2 8 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4 8 5 6 2	4 8 5 6 2

14031242351

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Make Your Laws PAC, Inc. (MYL PAC)

A. Full Name (Last, First, Middle Initial)
Wells Fargo
 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 ▼
2 8 0 0

Date of Receipt
 0 2 / 0 4 / 2 0 1 4
 Amount of Each Receipt this Period
2 8 0 0
 Bank fee reversal

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).....▶	2 8 0 0
TOTAL This Period (last page this line number only).....▶	2 8 0 0

14031242352

**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 1 OF 4

<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

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NAME OF COMMITTEE (In Full)
Make Your Laws PAC, Inc. (MYL PAC)

Full Name (Last, First, Middle Initial)

A. Linode		Date of Disbursement
Mailing Address		01 / 02 / 2014
City State Zip Code		Amount of Each Disbursement this Period 1500
Purpose of Disbursement server costs	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. StartCom		Date of Disbursement
Mailing Address		01 / 27 / 2014
City State Zip Code		Amount of Each Disbursement this Period 5990
Purpose of Disbursement server costs	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. USPS		Date of Disbursement
Mailing Address		01 / 31 / 2014
City State Zip Code		Amount of Each Disbursement this Period 1160
Purpose of Disbursement FEC filing	001 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)▶	8 6 5 0
TOTAL This Period (last page this line number only)▶	

14031242353

**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"/> 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)
Make Your Laws PAC, Inc. (MYL PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address

City State Zip Code

Purpose of Disbursement
bank fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

01 / 31 / 2014

001
Category/
Type

Amount of Each Disbursement this Period

1400

Full Name (Last, First, Middle Initial)

B. Linode

Mailing Address

City State Zip Code

Purpose of Disbursement
server costs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

02 / 03 / 2014

001
Category/
Type

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

C. Delaware Secretary of State

Mailing Address

City State Zip Code

Purpose of Disbursement
annual report fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

02 / 06 / 2014

001
Category/
Type

Amount of Each Disbursement this Period

2500

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

6400

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

14031242354

**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 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
Make Your Laws PAC, Inc. (MYL PAC)

Full Name (Last, First, Middle Initial)

A. Namecheap		Date of Disbursement
Mailing Address		02 / 27 / 2014
City State Zip Code		Amount of Each Disbursement this Period 5912
Purpose of Disbursement server costs	001	
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. Wells Fargo		Date of Disbursement
Mailing Address		02 / 28 / 2014
City State Zip Code		Amount of Each Disbursement this Period 1400
Purpose of Disbursement bank fee	001	
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. Linode		Date of Disbursement
Mailing Address		03 / 03 / 2014
City State Zip Code		Amount of Each Disbursement this Period 27600
Purpose of Disbursement server costs	001	
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).....▶	3 4 9 1 2
TOTAL This Period (last page this line number only).....▶	

14031242355

**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 4 OF 4

<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

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NAME OF COMMITTEE (In Full)
Make Your Laws PAC, Inc. (MYL PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo		Date of Disbursement
Mailing Address		03 / 31 / 2014
City	State	Zip Code
Purpose of Disbursement bank fee	Candidate Name	Amount of Each Disbursement this Period
		001
Office Sought:	Disbursement For:	Category/ Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1400
State:	District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1400
TOTAL This Period (last page this line number only).....▶	51362

14031242356

**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 1 OF 2	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Make Your Laws PAC, Inc. (MYL PAC)

Full Name (Last, First, Middle Initial) A. Rall, L.		Date of Receipt 03/31/2014
Mailing Address		Amount of Each Receipt this Period 109000
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Pro bono legal services from 1/1/2014 - 3/31/2014 per 104.3(h)
Name of Employer	Occupation	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Mandel, M.		Date of Receipt 03/31/2014
Mailing Address		Amount of Each Receipt this Period 866700
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Pro bono legal services from 1/1/2014 - 3/31/2014 per 104.3(h)
Name of Employer	Occupation	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Walls, T.		Date of Receipt 03/31/2014
Mailing Address		Amount of Each Receipt this Period 655650
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Pro bono legal services from 1/1/2014 - 3/31/2014 per 104.3(h)
Name of Employer	Occupation	[MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

14031242357

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

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

FOR LINE NUMBER: PAGE 2 OF 2
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in Full)
Make Your Laws PAC, Inc. (MYL PAC)

A. Full Name (Last, First, Middle Initial)
Van Dorn, W.
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
03 / 31 / 2014
Amount of Each Receipt this Period
98000
Pro bono legal services from
1/1/2014 - 3/31/2014 per 104.3(h)
[MEMO ITEM]

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).....▶	\$:	:	:	:
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Federal Election Commission
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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Next Business Day Delivery	<input type="checkbox"/>
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