

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.
ShePAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
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 / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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

ShePAC

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="38151.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49733.54"/>	<input type="text" value="116642.66"/>
(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="87885.37"/>	<input type="text" value="116642.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60112.75"/>	<input type="text" value="88870.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27772.62"/>	<input type="text" value="27772.62"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

ShePAC

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).....	500.00	3650.00
(ii) Unitemized	485.00	5025.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	985.00	8675.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8485.00	16175.00
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.).....	41248.54	100467.66
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))..... ▶	49733.54	116642.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49733.54	116642.66

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	59708.82	87566.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59708.82	87566.11
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)	403.93	403.93
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	900.00
(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	900.00
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)) ..	60112.75	88870.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60112.75	88870.04

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)	8485.00	16175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8485.00	15275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	59708.82	87566.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	59708.82	87566.11

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amendment to 2012 3rd quarter report to correct receipts (additional) and cash on hand totals.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)
ShePAC

Full Name (Last, First, Middle Initial) A. Mary Beth Carozza		Date of Receipt
Mailing Address 316 Burnside St Apt 401		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Annapolis	MD	21403-2482
FEC ID number of contributing federal political committee.		Transaction ID : A34110C0AA4B4456186F
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
US House of Representatives	Aide	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jason Stephens		Date of Receipt
Mailing Address 400 E Randolph St Apt 40A		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60601-7438
FEC ID number of contributing federal political committee.		Transaction ID : A9C84E74D5C854039B84
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Columbia College Chicago	Teacher	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="500.00"/>

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

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

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ShePAC

Full Name (Last, First, Middle Initial)
A. Franchising PAC

Mailing Address 1501 K St., NW
#350

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : A6BE7C55758DA4A76864

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
B. Political Action Committee of AAOS

Mailing Address 317 Massachussetts Ave.

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : A89ACE3723C854BD58BF

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	7500.00

**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 9 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

A. Mrs Pat L Dahlstedt
 Full Name (Last, First, Middle Initial)
 Mailing Address 13048 Farm To Market Rd
 City Mount Vernon State WA Zip Code 98273-8705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Housewife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2012
Transaction ID : AB4981BD601104242A5E
 Amount of Each Receipt this Period 250.00
 non contribution account

B. Mrs Ruth N Kemp
 Full Name (Last, First, Middle Initial)
 Mailing Address 1834 Sleepy Creek Rd
 City Dudley State NC Zip Code 28333-6378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation farmer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2012
Transaction ID : A25A05D4E669E457BA85
 Amount of Each Receipt this Period 250.00
 non contribution account

C. Sue L Roux
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1211
 City Evergreen State CO Zip Code 80437-1211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 04 / 2012
Transaction ID : A972C8DCED3D24040BDF
 Amount of Each Receipt this Period 500.00
 non-contribution account

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL 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 10 OF 24
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ShePAC

A. Lucille W Mellish
 Full Name (Last, First, Middle Initial)
 Mailing Address 2241 Wellesley St
 City Palo Alto State CA Zip Code 94306-1361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 27 / 2012
Transaction ID : A8165AA315B224D8B95B
 Amount of Each Receipt this Period
 500.00
 non-contribution account

B. roger webb
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Licardie Ln
 City Edgewood State NM Zip Code 87015-8119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2012
Transaction ID : A20F0DAC69AE94F2780E
 Amount of Each Receipt this Period
 500.00
 non-contribution account

C. Lamar G Hartline
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Old State Rd
 City Reading State PA Zip Code 19606-9482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2012
Transaction ID : A7EB8652C9B0A4C5196F
 Amount of Each Receipt this Period
 250.00
 non-contribution account

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL 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: PAGE 11 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ShePAC

Full Name (Last, First, Middle Initial)
A. Rodger Starek

Mailing Address 325 South St

City Douglas State MA Zip Code 01516-2719

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

Name of Employer Thermo Fisher Scientific Occupation chemist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 14 / 2012
Transaction ID : A2DE9C48CAC42428EAFD

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
B. Frank Drohan

Mailing Address 350 5th Ave Ste 4815-1

City New York State NY Zip Code 10118-0110

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

Name of Employer Oimage, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2012
Transaction ID : A5DAB946FA95C4DEC85D

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Diane Dixon

Mailing Address 976 Orville Way

City Xenia State OH Zip Code 45385-5329

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

Name of Employer self Occupation Business Coach

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2012
Transaction ID : A3EA83B4F7B9A4C71AB1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

TOTAL 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: PAGE 12 OF 24
(check only one)

<input 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 checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
ShePAC

Full Name (Last, First, Middle Initial)
A. Karen Hendry

Mailing Address 711 W Main St

City Immokalee	State FL	Zip Code 34142-3938
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FEC ID number of contributing federal political committee. **C**

Name of Employer Bruce Hendry Insurance Inc	Occupation Insurance Agent
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : AFF1D38731FA24D7C873

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Herman H Williams

Mailing Address 800 Cortez St

City Denison	State TX	Zip Code 75020-3820
-----------------	-------------	------------------------

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

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 04 / 2012

Transaction ID : AC4E429D5938340AFBED

Amount of Each Receipt this Period
250.00

non-contribution account

Full Name (Last, First, Middle Initial)
C. Frederick J Stamm

Mailing Address 125 Silver Oak Ter

City Orinda	State CA	Zip Code 94563-1226
----------------	-------------	------------------------

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

Name of Employer Mount Pleasant Nursing	Occupation Administrator
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2012

Transaction ID : A933B8335867D40AB8E1

Amount of Each Receipt this Period
250.00

non-contribution account

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL 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 14 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

Full Name (Last, First, Middle Initial)
A. MARTHA RENDEIRO

Mailing Address 124 Kellogg Dr

City Wilton State CT Zip Code 06897-1412

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

Name of Employer Silver Hill Hospital, Inc. Occupation Ass't Mgr. Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 23 / 2012
Transaction ID : A41914666A60B4857833

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Julie Kelleher Stacy

Mailing Address 223 Allen St

City San Antonio State TX Zip Code 78209-5110

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

Name of Employer unemployed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2012
Transaction ID : A40B729181FEB48B2B9B

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Jeffrey Held

Mailing Address 4119 Evergreen Dr

City Fairfax State VA Zip Code 22032-1018

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

Name of Employer none Occupation none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2012
Transaction ID : AA06C14DB803446DC951

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

TOTAL 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 15 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

Full Name (Last, First, Middle Initial)
A. Jeffrey Held

Mailing Address 4119 Evergreen Dr

City State Zip Code
Fairfax VA 22032-1018

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

Name of Employer Occupation
none none

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
08 / 31 / 2012
Transaction ID : A0ADEEA636D6144DC932

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Pamela Fowler

Mailing Address 5114 River Oaks Dr

City State Zip Code
Kingsland TX 78639-5206

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

Name of Employer Occupation
self Ranching

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 / 11 / 2012
Transaction ID : AF1E3B0F3401147339CA

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Mrs Shirley H Henderson

Mailing Address PO Box 787

City State Zip Code
Beavercreek OR 97004

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

Name of Employer Occupation
Information Requested Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
09 / 21 / 2012
Transaction ID : A92B5E356497D45BDB58

Amount of Each Receipt this Period
250.00
non contribution account

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

TOTAL 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 16 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

A. Ms Elizabeth Martin Wiskemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 Highland Ave
 City San Rafael State CA Zip Code 94901-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 24 / 2012**
Transaction ID : AD63C45A768F947D9805
 Amount of Each Receipt this Period **500.00**
 non-contribution account

B. Ms Elizabeth Martin Wiskemann
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 Highland Ave
 City San Rafael State CA Zip Code 94901-2317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 10 / 2012**
Transaction ID : A8C6784AEA72F42D2896
 Amount of Each Receipt this Period **1000.00**
 non contribution account

C. Clement J Deliso Sr
 Full Name (Last, First, Middle Initial)
 Mailing Address 352 Longhill St
 City Springfield State MA Zip Code 01108-1407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 10 / 2012**
Transaction ID : AA050BE6D71264147B23
 Amount of Each Receipt this Period **250.00**
 non contribution account

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL 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 17 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

A. James Attrell
Full Name (Last, First, Middle Initial)

Mailing Address 50 Remington Ter

City Highland Village State TX Zip Code 75077-6781

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

Name of Employer retired Occupation investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012

Transaction ID : A8329A7D68473443A9C1

Amount of Each Receipt this Period
 1000.00

B. george proctor
Full Name (Last, First, Middle Initial)

Mailing Address 3167 San Mateo Blvd NE

City Albuquerque State NM Zip Code 87110-1921

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

Name of Employer self Occupation consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2012

Transaction ID : A80058AEB852C4EAEBD0

Amount of Each Receipt this Period
 250.00

C. Mr Paul E Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 917 Marina Dr

City Panama City Beach State FL Zip Code 32407

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2012

Transaction ID : A8AAC037234464D7CA90

Amount of Each Receipt this Period
 250.00

non contribution account

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL 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 18 OF 24
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

A. Mr Paul E Jackson
Full Name (Last, First, Middle Initial)
Mailing Address 917 Marina Dr
City Panama City Beach State FL Zip Code 32407
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Information Requested Information Requested
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
285.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2012
Transaction ID : AF0B3B730DC19486FBB8
Amount of Each Receipt this Period
35.00
non contribution account

B. Mrs Constance Bachman
Full Name (Last, First, Middle Initial)
Mailing Address 104 W Main St
City Goldendale State WA Zip Code 98620-9589
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
K C Pharmacy pharmacist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2012
Transaction ID : A629AB0AEEA5B481CA68
Amount of Each Receipt this Period
250.00
non-contribution account

C. Fieldale Farms Corp.
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 558
City Baldwin State GA Zip Code 30511-0558
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2012
Transaction ID : AE7EF1FC3605C4C4096A
Amount of Each Receipt this Period
1000.00
non contribution account

SUBTOTAL of Receipts This Page (optional).....▶	1285.00
TOTAL This Period (last page this line number only).....▶	12035.00

**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 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)
ShePAC

Full Name (Last, First, Middle Initial)

A. Upstream Communications

Mailing Address 1609 Shoal Creek

City Adkins State TX Zip Code 78101-0000

Purpose of Disbursement
Internet fundraising and web site maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : B7128140732EF4155ABD

Amount of Each Disbursement this Period

12.25

Full Name (Last, First, Middle Initial)

B. Upstream Communications

Mailing Address 1609 Shoal Creek

City Adkins State TX Zip Code 78101-0000

Purpose of Disbursement
Internet fundraising and web site non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : B80FFD8C51CAC427CB8C

Amount of Each Disbursement this Period

2551.90

Full Name (Last, First, Middle Initial)

C. Upstream Communications

Mailing Address 1609 Shoal Creek

City Adkins State TX Zip Code 78101-0000

Purpose of Disbursement
design and programming non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : B50D910961FDF43D988B

Amount of Each Disbursement this Period

1321.55

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

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

3885.70

**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)
ShePAC

Full Name (Last, First, Middle Initial)

A. Bebe Goodrich

Mailing Address 712 Hoadley Dr

City Birmingham State AL Zip Code 35213-1512

Purpose of Disbursement
Brochure Design-non contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Transaction ID : **BB83934B8056E43FABF7**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

B. PMG

Mailing Address 715 Gateway Dr

City Columbia State MD Zip Code 21046-0000

Purpose of Disbursement
postage-non contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : **BC7F41F17F0BE4F20AFE**

Amount of Each Disbursement this Period

8100.00

Full Name (Last, First, Middle Initial)

C. Upstream Communications

Mailing Address 1609 Shoal Creek

City Adkins State TX Zip Code 78101-0000

Purpose of Disbursement
internet fundraising, web site programming non-contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Transaction ID : **B7B594816B21F49849E3**

Amount of Each Disbursement this Period

2656.25

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

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

11056.25

**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)
ShePAC

Full Name (Last, First, Middle Initial)

A. YG Network

Mailing Address 211 N Union St

City Alexandria State VA Zip Code 22314-2657

Purpose of Disbursement
Women Up Sponsorship-non contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2012

Transaction ID : B86082166CB8443389F5

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Upstream Communications

Mailing Address 1609 Shoal Creek

City Adkins State TX Zip Code 78101-0000

Purpose of Disbursement
internet fundraising, web site programming non-contribtution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 04 / 2012

Transaction ID : B4F7410F1545E4AFA8CE

Amount of Each Disbursement this Period

1843.75

Full Name (Last, First, Middle Initial)

C. HSP Direct

Mailing Address 13755 Sunrise Valley Dr

City Herndon State VA Zip Code 20171-4664

Purpose of Disbursement
Direct Mail- non contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2012

Transaction ID : BAA0F7B83A75C41A9A7F

Amount of Each Disbursement this Period

11170.78

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

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

18014.53

**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)
ShePAC

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
compliance software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2012

Transaction ID : **BC6CEC7F787074B8CB34**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. PMG

Mailing Address 715 Gateway Dr

City Columbia State MD Zip Code 21046-0000

Purpose of Disbursement
Postage-non contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : **BF9146910D2B84F16BC5**

Amount of Each Disbursement this Period

12500.00

Full Name (Last, First, Middle Initial)

C. Passcode Creative

Mailing Address 227 Third Ave N

City Columbia State MD Zip Code 21046-0000

Purpose of Disbursement
video production-non contribution account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2012

Transaction ID : **BBAB7D55D075A43529C2**

Amount of Each Disbursement this Period

3189.00

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

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

17189.00

**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 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)
ShePAC

Full Name (Last, First, Middle Initial)

A. Tim Crawford

Mailing Address 6165 Mori St

City State Zip Code
Mc Lean VA 22101-3148

Purpose of Disbursement
Capitol Hill Club Reception-non contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2012

Transaction ID : B3650960838554D64AAC

Amount of Each Disbursement this Period

9355.19

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st St SE

City State Zip Code
Washington DC 20003-1801

Purpose of Disbursement
Reception-non contribution account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2012

Transaction ID : BA11DEECF26214F0D886

Amount of Each Disbursement this Period

9355.19

[MEMO ITEM]

Reception-non contribution account

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	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)..... ▶

9355.19

59500.67

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) ShePAC	FEC IDENTIFICATION NUMBER ▼ C C00512020
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Roma Production	Date M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2012
Mailing Address 3043 N 70th St	Amount 403.93
City Lincoln State NE Zip Code 68507-2102	
Purpose of Expenditure Web Video-US Senate Nebraska Deb Fischer, Non-contribution account	Office Sought: <input type="checkbox"/> House State: NE <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Deb Fischer	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 403.93	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : E6F9F5D8E8F784752B34

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	403.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	403.93

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.

Tim Crawford
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2013