

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 Tim Crawford

Signature of Treasurer Tim Crawford [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="2014"/>	<input type="text" value="31080.79"/>	<input type="text" value="31080.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52008.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10669.16"/>	<input type="text" value="53878.29"/>
(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="62677.74"/>	<input type="text" value="84959.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30125.94"/>	<input type="text" value="52407.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32551.80"/>	<input type="text" value="32551.80"/>
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).....	750.00	1000.00
(ii) Unitemized	6471.12	7292.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7221.12	8292.26
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9721.12	10792.26
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).....	750.04	750.04
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	198.00	42335.99
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))..... ▶	10669.16	53878.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10669.16	53878.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	26625.94	45807.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	26625.94	45807.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	4500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2100.00
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)) ..	30125.94	52407.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30125.94	52407.28

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)	9721.12	10792.26
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9721.12	10792.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	26625.94	45807.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	750.04	750.04
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25875.90	45057.24

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

Form/Schedule: F3XN
Transaction ID :

Shepac did no advocacy in the period. All vendors in memo items over \$200 are listed.

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 18
(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)
ShePAC

Full Name (Last, First, Middle Initial)
A. Robin Bourgeois

Mailing Address 3222 Brook Hills Dr

City Asbury State IA Zip Code 52002

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

Name of Employer self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014
Transaction ID : A03BCCB3E092D43B49A7

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. roger webb

Mailing Address 4585 Lakeside Dr.

City Jacksonville State FL Zip Code 32210

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 / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : AD13ACE75182442AF9C9

Amount of Each Receipt this Period
500.00

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00

**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 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ShePAC

A. Full Name (Last, First, Middle Initial)
Joni Ernst for US Senate

Mailing Address 8520 New York Ave.

City State Zip Code
Urbandale IA 50322-4200

FEC ID number of contributing federal political committee. **C** C00546788

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : A974D504F95AA411984

Amount of Each Receipt this Period
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y 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) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ShePAC

A. Full Name (Last, First, Middle Initial)
Hy Vee Conference Center

Mailing Address 5820 Westown Pkwy.

City West Des Moines State IA Zip Code 50266-8223

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2014

Transaction ID : A8A92903E415F4B9BA94

Amount of Each Receipt this Period
 750.04

refund for rally

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
 M M / D D / Y Y 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) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.04
TOTAL This Period (last page this line number only).....▶	750.04

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

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

FOR LINE NUMBER: PAGE 10 OF 18
(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. jack buzbee

Mailing Address 200 e douglas st

City de soto State IL Zip Code 62924-1512

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

Name of Employer none Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
524.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2014

Transaction ID : AC1C64FF9063F444A92F

Amount of Each Receipt this Period
 125.00

discover

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

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	125.00

**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. Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117-5134

Purpose of Disbursement
merchant fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **BB77ABA43C1DB4141947**

Amount of Each Disbursement this Period

B. Hy Vee Conference Center

Mailing Address 5820 Westown Pkwy.

City West Des Moines State IA Zip Code 50266-8223

Purpose of Disbursement
rally space for SHEPAC rally

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **B18A1B49DAAB04E7388C**

Amount of Each Disbursement this Period

C. Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117-5134

Purpose of Disbursement
merchant fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : **B3327AF7A96D240E7903**

Amount of Each Disbursement this Period

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

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

**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. HSP Direct

Mailing Address 13755 Sunrise Valley Dr

City Herndon State VA Zip Code 20171-4664

Purpose of Disbursement
Website renewal, phone renewal

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2014

Transaction ID : **BA9F362106FE54580B73**

Amount of Each Disbursement this Period

367.07

Category/
Type

Full Name (Last, First, Middle Initial)

B. Global Payments

Mailing Address 10705 Red Run Blvd

City Owings Mills State MD Zip Code 21117-5134

Purpose of Disbursement
merchant fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2014

Transaction ID : **B7F67678EA28B4BD3B22**

Amount of Each Disbursement this Period

114.95

Category/
Type

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
Web site, programming, internet fundraising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : **B21BFBE3898394A0C854**

Amount of Each Disbursement this Period

5830.25

Category/
Type

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

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

6312.27

**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. Holland Taucher Consulting Group

Mailing Address PO Box 684281

City State Zip Code
Austin TX 78768-4281

Purpose of Disbursement
airfare, lodging, printing, deposit, shoes, postage, rental car

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2014

Transaction ID : B9666F2EAE9284D54B83

Amount of Each Disbursement this Period

3720.89

Full Name (Last, First, Middle Initial)

B. Living History Farms

Mailing Address 11121 Hickman Rd.

City State Zip Code
Urbandale IA 50322-3741

Purpose of Disbursement
deposit

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : B71EB4EF5F51A46A0BD5

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]
deposit

Full Name (Last, First, Middle Initial)

C. Rocketbanners

Mailing Address 1701 W. Ben White Blvd.
Suite 161

City State Zip Code
Austin TX 78704-7676

Purpose of Disbursement
banners

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2014

Transaction ID : B30408C3BA627437FA1B

Amount of Each Disbursement this Period

445.18

[MEMO ITEM]
banners

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

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

3720.89

**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. thatspoint.com

Mailing Address 2740 SW Martin Downs Blvd

City State Zip Code
Palm City FL 34990-6046

Purpose of Disbursement
Shoes for fundraising

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : B6086B6AE746944C6963

Amount of Each Disbursement this Period

805.99

[MEMO ITEM]
Shoes for fundraising

Full Name (Last, First, Middle Initial)

B. Southwest Airlines

Mailing Address 2702 Love Field Dr.

City State Zip Code
Dallas TX 75235-1908

Purpose of Disbursement
air fare

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : BAF6AE5A2B3774C728BD

Amount of Each Disbursement this Period

264.00

[MEMO ITEM]
air fare

Full Name (Last, First, Middle Initial)

C. Paula Maxheim

Mailing Address 536 36th Street

City State Zip Code
Des Moines IA 50312-3405

Purpose of Disbursement
photography

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : B2EE2224619CE4C318F5

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]
photography

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

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

0.00

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**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. Marriott West Des Moines

Mailing Address 1250 Jordan Creek Pkwy.

City West Des Moines State IA Zip Code 50266-5825

Purpose of Disbursement
lodging

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : BB42AC0CC102E40238EC

Amount of Each Disbursement this Period

485.55

[MEMO ITEM]
lodging

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y 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)..... ▶

0.00

26625.94

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Marilinda Garcia for Congress

Mailing Address PO Box 821

City Salem State NH Zip Code 03079-0821

Purpose of Disbursement
US House NH 2 Primary

Candidate Name
Marilinda Garcia

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 14 / 2014

Transaction ID : B3B19EE226EEB4A7B847

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joni Ernst for US Senate

Mailing Address 8520 New York Ave.

City Urbandale State IA Zip Code 50322-4200

Purpose of Disbursement
IA Senate Primary

Candidate Name
Joni Ernst

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 17 / 2014

Transaction ID : B8B4CF3B69C7D479C95F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donna Sheldon for Congress

Mailing Address PO Box 1189

City Monroe State GA Zip Code 30655-1189

Purpose of Disbursement
US House GA 10 Primary

Candidate Name
Donna Sheldon

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 14 / 2014

Transaction ID : B3D808B0FB1FC46FC95B

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Elsie for Congress

Mailing Address PO Box 338

City Willsboro State NY Zip Code 12996-0338

Purpose of Disbursement
US House NY 21 Primary

Candidate Name
Elsie Stefanik

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Handel for Senate

Mailing Address 3970 Old Milton Pkwy.

City Alpharetta State GA Zip Code 30005-6408

Purpose of Disbursement
US Senate GA

Candidate Name
Karen Handel

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Elsie for MT.

Mailing Address PO Box 921

City Helena State MT Zip Code 59624-0921

Purpose of Disbursement
US House MT 1 Primary

Candidate Name
Elsie Arntzen

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **B01610609452842D5A0D**

Amount of Each Disbursement this Period

500.00

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2014

Transaction ID : **BCFCD4A7FD0A54714B33**

Amount of Each Disbursement this Period

500.00

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : **BAEB9E30C8135419A87D**

Amount of Each Disbursement this Period

500.00

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

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

1500.00

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)

Grid for line numbers 21b through 30b, with line 23 checked.

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NAME OF COMMITTEE (In Full) ShePAC

Full Name (Last, First, Middle Initial)

A. Julieanne MN

Mailing Address 1475 White Oak Dr.

City Chaska State MN Zip Code 55318-4571

Purpose of Disbursement US Senate MN Primary

Candidate Name Julieanne Ortman

Office Sought: Senate

State: District:

Disbursement For: 2014 Primary

Date of Disbursement

Date of Disbursement: 04 / 17 / 2014

Transaction ID : BFCD5E031A9E149E9932

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House

State: District:

Disbursement For: Primary

Date of Disbursement

Date of Disbursement: / /

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: / /

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House

State: District:

Disbursement For: Primary

Date of Disbursement

Date of Disbursement: / /

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: / /

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

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

SUBTOTAL: 500.00

TOTAL: 3500.00