

# 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.   
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

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 Mr. Paul Tripodi

Signature of Treasurer Mr. Paul Tripodi [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

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

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="73170.63"/>	<input type="text" value="73170.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90730.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15838.75"/>	<input type="text" value="53398.30"/>
(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="106568.93"/>	<input type="text" value="126568.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13955.72"/>	<input type="text" value="33955.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="92613.21"/>	<input type="text" value="92613.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12420.00	29225.46
(ii) Unitemized .....	3418.75	24172.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15838.75	53398.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15838.75	53398.30
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.).....	0.00	0.00
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))..... ▶	15838.75	53398.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15838.75	53398.30

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11955.72	31955.72
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 .....	2000.00	2000.00
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)) ..	13955.72	33955.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13955.72	33955.72

**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) .....	15838.75	53398.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15838.75	53398.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 15
	(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)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Phyllis Bigbee</b>		Date of Receipt
Mailing Address 1936 Myers Rd		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
Broken Bow	NE	68822-4214
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23385</b>
Name of Employer		Amount of Each Receipt this Period
None		<input type="text" value="70.00"/>
Occupation		
Homemaker		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="350.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mrs. Nancy Fathers</b>		Date of Receipt
Mailing Address 4131 Oaksbury Ln		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Rolling Meadows	IL	60008-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23409</b>
Name of Employer		Amount of Each Receipt this Period
Info requested per best effort		<input type="text" value="500.00"/>
Occupation		
Info requested per best efforts		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mrs. Florence Good</b>		Date of Receipt
Mailing Address 630 Greenville Rd		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Denver	PA	17517-9596
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23401</b>
Name of Employer		Amount of Each Receipt this Period
Info requested per best effort		<input type="text" value="100.00"/>
Occupation		
Info requested per best efforts		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="215.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="670.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 7 OF 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Dr. Norman Huff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7785 Lee Rd  
 City Brighton State MI Zip Code 48116-8871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info requested per best effort Info requested per best efforts  
 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  
 05 / 21 / 2014  
**Transaction ID : SA11AI.23408**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Roger Loven**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 925 English Oak Dr  
 City Bismarck State ND Zip Code 58501-9333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 St. Alexius Medical Center Physician  
 Info requested per best effort Info requested per best efforts  
 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  
 05 / 07 / 2014  
**Transaction ID : SA11AI.23370**  
 Amount of Each Receipt this Period  
 50.00

**C. Mrs. Gayla Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4160 Penrose Pl  
 City Rapid City State SD Zip Code 57702-6828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info requested per best effort Info requested per best efforts  
 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  
 05 / 15 / 2014  
**Transaction ID : SA11AI.23410**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 8 OF 15
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Mr. Thomas Shields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 122 Hart St  
City Beverly State MA Zip Code 01915-2151  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Investor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **05 / 28 / 2014**  
**Transaction ID : SA11AI.23412**  
Amount of Each Receipt this Period **5000.00**

**B. Mr. Timothy Tynes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1745 42nd Sq Apt 104  
City Vero Beach State FL Zip Code 32960-0595  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Info requested per best effort Occupation Info requested per best efforts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1250.00**

Date of Receipt **05 / 01 / 2014**  
**Transaction ID : SA11AI.23406**  
Amount of Each Receipt this Period **250.00**

**C. Mrs. Georgia Wiester**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7760 Santa Rosa Rd  
City Buellton State CA Zip Code 93427-9421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 01 / 2014**  
**Transaction ID : SA11AI.23404**  
Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **5450.00**  
**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 9 OF 15  
(check only one)

<input checked="" 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 type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Robert Wormald**

Mailing Address 10121 Chapel Rd

City Potomac State MD Zip Code 20854-4144

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

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

**Transaction ID : SA11AI.23411**

Amount of Each Receipt this Period  
5000.00

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12420.00

**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)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Connie Mackay**

Mailing Address 801 G Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Reimbursement of reception expenses

007

Category/  
Type

Candidate Name

**KIRK JORGENSEN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		06		2014

**Transaction ID : SB21B.23422**

Amount of Each Disbursement this Period

555.72
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

0.00
------

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

0.00
------

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

Form/Schedule: SB21B

Transaction ID : SB21B.23422

This payment of reception expenses for Kirk Jorgensen for Congress is linked to the Line 23 entry of \$555.72 in-kind contribution to Kirk Jorgensen for Congress.

Form/Schedule:

Transaction ID:

**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)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BEN SASSE FOR US SENATE INC**

Mailing Address 105 EAST 6TH STREET

City State Zip Code  
FREMONT NE 68025

Purpose of Disbursement  
Contribution

011

Candidate Name

**BENJAMIN E SASSE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2014

Transaction ID : SB23.23257

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. COTTON FOR SENATE**

Mailing Address PO BOX 379

City State Zip Code  
DARDANELLE AR 72834

Purpose of Disbursement  
Contribution

011

Candidate Name

**THOMAS COTTON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

Transaction ID : SB23.23271

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. ALIETA ECK FOR CONGRESS**

Mailing Address 2062 AMWELL RD

City State Zip Code  
SOMERSET NJ 08873

Purpose of Disbursement  
Contribution

011

Candidate Name

**ALIETA DR ECK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

Transaction ID : SB23.23264

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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 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

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)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. GARY PALMER FOR CONGRESS**

Mailing Address 1919 OXMOOR RD #235

City HOMEWOOD State AL Zip Code 35209

Purpose of Disbursement  
Contribution

011

Candidate Name

**GARY PALMER**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AL District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : SB23.23263**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. KIRK JORGENSEN FOR CONGRESS**

Mailing Address 14677 VIA BETTONA SUITE 110-835

City SAN DIEGO State CA Zip Code 92127

Purpose of Disbursement  
In-kind payment of reception expenses

007

Candidate Name

**KIRK JORGENSEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2014

**Transaction ID : SB23.23423**

Amount of Each Disbursement this Period

555.72

Full Name (Last, First, Middle Initial)

**C. KIRK JORGENSEN FOR CONGRESS**

Mailing Address 14677 VIA BETTONA SUITE 110-835

City SAN DIEGO State CA Zip Code 92127

Purpose of Disbursement  
Contribution

011

Candidate Name

**KIRK JORGENSEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 07 / 2014

**Transaction ID : SB23.23258**

Amount of Each Disbursement this Period

3400.00

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

4955.72

**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 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

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)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. STEVE DAINES FOR MONTANA**

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**STEVEN DAINES**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

Transaction ID : SB23.23270

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

11955.72

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sheri Few for Superintendent of Education**

Mailing Address 1670 Springdale Ave  
Unit 9, PMB 160

City Camden State SC Zip Code 29020

Purpose of Disbursement  
Non-federal disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **SB29.23272**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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