

# 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.   
**Dickstein Shapiro LLP PAC**

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. Henry C. Cashen II

Signature of Treasurer Mr. Henry C. Cashen II [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

**Dickstein Shapiro LLP PAC**

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"/>		48470.52
(b) Cash on Hand at Beginning of Reporting Period.....	36800.88	
(c) Total Receipts (from Line 19) .....	34534.00	68965.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71334.88	117435.52
7. Total Disbursements (from Line 31).....	1662.12	47762.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69672.76	69672.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	71.59	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Dickstein Shapiro LLP PAC**

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).....	34334.00	62799.00
(ii) Unitemized .....	200.00	1166.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34534.00	63965.00
(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) .....	34534.00	63965.00
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	5000.00
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))..... ▶	34534.00	68965.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34534.00	68965.00

**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 .....	162.12	1139.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	162.12	1139.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	46230.93
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	392.00
(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	392.00
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)) ..	1662.12	47762.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1662.12	47762.76

**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) .....	34534.00	63965.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	392.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34534.00	63573.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	162.12	1139.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	162.12	1139.83

**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 6 OF 20
<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

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)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. Dawn Albert</b>		Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9857</b>
Mailing Address 1825 Eye St., NW		Amount of Each Receipt this Period 600.00
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Dickstein Shapiro, LLP Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00

Full Name (Last, First, Middle Initial) <b>B. Mr. James Brady</b>		Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9858</b>
Mailing Address 1825 Eye St., NW		Amount of Each Receipt this Period 640.00
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Dickstein Shapiro, LLP Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00

Full Name (Last, First, Middle Initial) <b>C. Frank Cimino</b>		Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9859</b>
Mailing Address 1825 Eye St. NW		Amount of Each Receipt this Period 2360.00
City Washington State DC Zip Code 20006	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Dickstein Shapiro LLP Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2360.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3600.00
<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: PAGE 7 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial)  
**A. Mr. Richard Conway**

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.9860**

Amount of Each Receipt this Period  
2080.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Dipu Doshi**

Mailing Address 1825 Eye St. NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : SA11AI.9892**

Amount of Each Receipt this Period  
600.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mr. Jason Eig**

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.9864**

Amount of Each Receipt this Period  
920.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3600.00

**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 8 OF 20
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

**A. Mr. Emanuel Faust**  
Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : SA11AI.9893**

Amount of Each Receipt this Period  
 920.00

Contribution

**B. Mr. Howard Feldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye St., NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro, LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014

**Transaction ID : SA11AI.9865**

Amount of Each Receipt this Period  
 600.00

Contribution

**c. John Gibbons**  
Full Name (Last, First, Middle Initial)

Mailing Address 1825 Eye St. NW

City Washington State DC Zip Code 20006

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

Name of Employer Dickstein Shapiro LLP Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014

**Transaction ID : SA11AI.9866**

Amount of Each Receipt this Period  
 640.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2160.00
<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 9 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael Green</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9867</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 1780.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1780.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Ms. Deborah Greenspan</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9868</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 2660.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2660.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Jennifer D. Hackett</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9869</b>
Mailing Address 1825 Eye Street, NW			Amount of Each Receipt this Period 600.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5040.00
<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: PAGE 10 OF 20  
(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)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial)  
**A. Jean-Paul LaValleye**

Mailing Address 1825 Eye St. NW

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickstein Shapiro LLP	Occupation Attorney
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.9870**

Amount of Each Receipt this Period  
300.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. Mr. Neil Lefkowitz**

Mailing Address 1825 Eye St., NW

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickstein Shapiro, LLP	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.9871**

Amount of Each Receipt this Period  
920.00

Contribution

Full Name (Last, First, Middle Initial)  
**C. Barry Levine**

Mailing Address 1825 Eye St., NW

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickstein Shapiro, LLP	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2014

**Transaction ID : SA11AI.9872**

Amount of Each Receipt this Period  
1500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2720.00
<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 11 OF 20
	<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)  
**Dickstein Shapiro LLP PAC**

**A. Jeffrey Mitchell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Eye Street NW  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickstein Shapiro LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 12 / 12 / 2014  
**Transaction ID : SA11AI.9873**  
Amount of Each Receipt this Period 1600.00  
Contribution

**B. Mr. Daniel Morgan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Eye St., NW  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickstein Shapiro, LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00

Date of Receipt 12 / 12 / 2014  
**Transaction ID : SA11AI.9874**  
Amount of Each Receipt this Period 920.00  
Contribution

**C. James Murray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Eye St., NW  
City Washington State DC Zip Code 20006  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickstein Shapiro, LLP Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1780.00

Date of Receipt 11 / 25 / 2014  
**Transaction ID : SA11AI.9895**  
Amount of Each Receipt this Period 1780.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4300.00  
**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 12 OF 20
<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)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Michael Nannes</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9875</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 1780.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1780.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Mr. Adam Proujansky</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9876</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 600.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Steve Roman</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9877</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 620.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<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 13 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. Mr. Malcolm Ross</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9878</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 920.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	Contribution	

Full Name (Last, First, Middle Initial) <b>B. Mr. Chuck Saber</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9879</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 920.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	Contribution	

Full Name (Last, First, Middle Initial) <b>C. Thomas M. Sandilands</b>			Date of Receipt 12 / 12 / 2014 <b>Transaction ID : SA11AI.9880</b>
Mailing Address 1825 Eye St., NW			Amount of Each Receipt this Period 920.00
City Washington	State DC	Zip Code 20006	Contribution
FEC ID number of contributing federal political committee. C		Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2760.00
<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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

**A. Mr. Gary Schoenbrun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Eye St., NW  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickstein Shapiro, LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.9881**  
 Amount of Each Receipt this Period  
 920.00  
 Contribution

**B. Jeffrey Schulman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Eye St., NW  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickstein Shapiro, LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.9882**  
 Amount of Each Receipt this Period  
 600.00  
 Contribution

**C. Barry Seidel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Eye Street NW  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickstein Shapiro LLP Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2014  
**Transaction ID : SA11AI.9886**  
 Amount of Each Receipt this Period  
 2360.00  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3880.00
<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 15 OF 20
<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)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. Evan Seidman</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : SA11AI.9896</b>
Mailing Address 201 Broad Street Suite 1200		Amount of Each Receipt this Period 920.00
City Stamford	State CT	Zip Code 06901
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Dickstein Shapiro LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Paul Taskier</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : SA11AI.9887</b>
Mailing Address 1825 Eye St., NW		Amount of Each Receipt this Period 248.00
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>C. Jodi Trulove</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 <b>Transaction ID : SA11AI.9888</b>
Mailing Address 1825 Eye St., NW		Amount of Each Receipt this Period 420.00
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Dickstein Shapiro, LLP	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1588.00
<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: PAGE 16 OF 20  
(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)  
**Dickstein Shapiro LLP PAC**

**A. James Turken**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Eye St., NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

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

Name of Employer Dickstein Shapiro, LLP	Occupation Attorney
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt: **12 / 12 / 2014**  
**Transaction ID : SA11AI.9889**  
 Amount of Each Receipt this Period: **640.00**  
 Contribution

**B. Barbara VanGelder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Eye St., NW

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickstein Shapiro LLP	Occupation Attorney
---	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **893.00**

Date of Receipt: **12 / 12 / 2014**  
**Transaction ID : SA11AI.9890**  
 Amount of Each Receipt this Period: **446.00**  
 Contribution

**C. Jared Zola**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1825 Eye St., NW

City Washington	State DC	Zip Code 20006
--------------------	-------------	-------------------

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

Name of Employer Dickstein Shapiro, LLP	Occupation Attorney
--	------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **12 / 12 / 2014**  
**Transaction ID : SA11AI.9891**  
 Amount of Each Receipt this Period: **600.00**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1686.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>34334.00</b>



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

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

FOR LINE NUMBER: PAGE 17 OF 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Dickstein Shapiro, LLP**

Mailing Address 1825 Eye St.

City Washington State DC Zip Code 20006

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  
12 / 31 / 2014

**Transaction ID : SA17.9899**

Amount of Each Receipt this Period  
701.17

Exempt legal and accounting services provided over various dates

**[MEMO ITEM]**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
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).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

**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)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2014

**Transaction ID : SB21B.9853**

Amount of Each Disbursement this Period

42.81

Full Name (Last, First, Middle Initial)

**B. Dickstein Shapiro, LLP**

Mailing Address 1825 Eye St.

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Repayment of Administrative Services provided by the Firm

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 02 / 2014

**Transaction ID : SB21B.9852**

Amount of Each Disbursement this Period

119.31

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 / 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)..... ▶

162.12

162.12

# 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)  
**Dickstein Shapiro LLP PAC**

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement  
Political Contribution

Candidate Name  
**JOHN R THUNE**

Office Sought:  House  
 Senate  
 President  
State: SD District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2014

Transaction ID : SB23.9849

Amount of Each Disbursement this Period

1500.00
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### B.

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 Y
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Amount of Each Disbursement this Period

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### 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 Y
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Amount of Each Disbursement this Period

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

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

1500.00
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1500.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Dickstein Shapiro LLP PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dickstein Shapiro, LLP</b>	Nature of Debt (Purpose): Administrative services provided by law firm
Mailing Address 1825 Eye St.	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="119.31"/>	<b>Transaction ID : SD10.9840</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="119.31"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dickstein Shapiro, LLP</b>	Nature of Debt (Purpose): Administrative services provided by law firm
Mailing Address 1825 Eye St.	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.9898</b>	
Amount Incurred This Period <input type="text" value="71.59"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="71.59"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="71.59"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="71.59"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="71.59"/>