

**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.

12FE4M5

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

801 G STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00452383

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2014 To: M M / D D / Y Y Y Y 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		73170.63
(b) Cash on Hand at Beginning of Reporting Period.....	104256.21	
(c) Total Receipts (from Line 19)	2759.00	84300.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107015.21	157470.93
7. Total Disbursements (from Line 31)	10500.00	60955.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96515.21	96515.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
08	/	31	/	2014

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).....

1670.00

55540.46

(ii) Unitemized

1089.00

28759.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2759.00

84300.30

(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) ▶

2759.00

84300.30

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))..... ▶

2759.00

84300.30

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

2759.00

84300.30

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.....	9500.00	55955.72
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	1000.00	5000.00
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)) ..	10500.00	60955.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	60955.72

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)	2759.00	84300.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2759.00	84300.30
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:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mrs. Phyllis Bigbee

Mailing Address 1936 Myers Rd

City

Broken Bow

State

NE

Zip Code

68822-4214

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 ▼

560.00

Date of Receipt

08 / 20 / 2014

Transaction ID : SA11AI.23641

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. Dr. Roger Loven

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

St. Alexius Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.23654

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth Swanson

Mailing Address 2268 Almaden Rd

City

San Jose

State

CA

Zip Code

95125-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sun Microsystems

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.23640

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1120.00

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 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mr. Timothy Tynes

Mailing Address 1745 42nd Sq
Apt 104

City State Zip Code
Vero Beach FL 32960-0595

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.23638

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mrs. Georgia Wiester

Mailing Address 7760 Santa Rosa Rd

City State Zip Code
Buellton CA 93427-9421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

None

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.23636

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert Wormald

Mailing Address 10121 Chapel Rd

City State Zip Code
Potomac MD 20854-4144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5100.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.23633

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

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

1670.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BLUM FOR CONGRESS

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE	State IA	Zip Code 52001
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Purpose of Disbursement
Contribution

Candidate Name

RODNEY LELAND BLUM

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014

☐ Primary	☒ General
☐ Other (specify) ▼	

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : SB23.23673

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ED GILLESPIE FOR SENATE

Mailing Address PO BOX 71596

City RICHMOND	State VA	Zip Code 23255
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Purpose of Disbursement
Contribution

Candidate Name

EDWARD W GILLESPIE

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2014

☐ Primary	☒ General
☐ Other (specify) ▼	

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

Transaction ID : SB23.23671

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City BETHANY	State OK	Zip Code 73008
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Purpose of Disbursement
Contribution

Candidate Name

JAMES PAUL MR. LANKFORD

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014

☐ Primary	☒ General
☐ Other (specify) ▼	

State: OK District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2014

Transaction ID : SB23.23665

Amount of Each Disbursement this Period

1000.00

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

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF BILL POSEY

Mailing Address P. O. BOX 411486

City MELBOURNE	State FL	Zip Code 32941
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Purpose of Disbursement
Contribution

011

Candidate Name

BILL POSEYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2014

Transaction ID : SB23.23669

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE BRAT INC.

Mailing Address PO BOX 5094

City GLEN ALLEN	State VA	Zip Code 23058
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Purpose of Disbursement
Contribution

011

Candidate Name

DAVID ALAN BRATCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

Transaction ID : SB23.23681

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE INC

Mailing Address PO BOX 93441

City DES MOINES	State IA	Zip Code 50393
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Purpose of Disbursement
Contribution

011

Candidate Name

JONI K ERNSTCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

Transaction ID : SB23.23678

Amount of Each Disbursement this Period

2500.00

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

6000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE



1000.00

Category/
TypeCategory/
Type

9500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Cabrera for Senate

Mailing Address 2792 Sedgwick Ave. 4A

City	State	Zip Code
Bronx	NY	10468

Purpose of Disbursement
Nonfederal contribution

Candidate Name

011

Category/
Type

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
08		26		2014

Transaction ID : SB29.23684

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

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
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Purpose of Disbursement

Candidate Name

Category/
Type

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).....▶

1000.00

1000.00
