

**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

Women's Campaign Fund PAC (WCF PAC)

ADDRESS (number and street)

1900 L St NW

Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00424150

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

11

04

2014

in the
State of

DC

(d) 30-Day

POST-Election

Report for the:

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

Election on

in the
State of

5. Covering Period

10

01

2014

through

10

15

2014

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 Clare Bresnahan

Signature of Treasurer

Clare Bresnahan

[Electronically Filed]

Date

12

04

2014

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

Women's Campaign Fund PAC (WCF PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		4535.52
(b) Cash on Hand at Beginning of Reporting Period.....	8191.95	
(c) Total Receipts (from Line 19)	3581.00	48759.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11772.95	53295.17
7. Total Disbursements (from Line 31)	4193.05	45715.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7579.90	7579.90
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

Women's Campaign Fund PAC (WCF PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

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).....

1040.00

27840.00

(ii) Unitemized

2475.00

17427.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3515.00

45267.84

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

156.51

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

3515.00

45424.35

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).....

66.00

3335.27

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

0.03

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))..... ▶

3581.00

48759.65

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

3581.00

48759.65

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	2693.05	19615.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2693.05	19615.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	23100.00
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	1500.00	3000.00
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)) ..	4193.05	45715.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4193.05	45715.27

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)	3515.00	45424.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3515.00	45424.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2693.05	19615.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	66.00	3335.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2627.05	16280.00

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 10

☒ 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)

Women's Campaign Fund PAC (WCF PAC)

Full Name (Last, First, Middle Initial)

A. Christin Carter-Su

Mailing Address 305 Dhu Varren Rd

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2014

Transaction ID : SA11AI.10772

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Caroline Ramsay Merriam

Mailing Address 1316 30th Street NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ramsey Merriam Fund

Occupation

Head Of Foundation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11AI.10769

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

C. Debra Shore

Mailing Address 9232 Avers Ave

City

Evanston

State

IL

Zip Code

60203

FEC ID number of contributing
federal political committee.

C

Name of Employer

MWRD

Occupation

Commisioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 11 / 2014

Transaction ID : SA11AI.11165

Amount of Each Receipt this Period

500.00

Contribution

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

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

1040.00

1040.00

**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 7 OF 10

<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

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)

Women's Campaign Fund PAC (WCF PAC)

Full Name (Last, First, Middle Initial)

A. Bankcard Associates, LLC

Mailing Address 14451 Highway 7

City	State	Zip Code
Minnetonka	MN	55345

Purpose of Disbursement
PAC Merchant Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

Transaction ID : SB21B.10837

Amount of Each Disbursement this Period

145.80

Full Name (Last, First, Middle Initial)

B. Democracy Engine

Mailing Address 850 Quincy Street, NW #402

City	State	Zip Code
Washington	DC	20011

Purpose of Disbursement
PAC Credit Card Processing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

Transaction ID : SB21B.10798

Amount of Each Disbursement this Period

12.90

Full Name (Last, First, Middle Initial)

C. Democracy Engine

Mailing Address 850 Quincy Street, NW #402

City	State	Zip Code
Washington	DC	20011

Purpose of Disbursement
PAC Credit Card Processing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

Transaction ID : SB21B.10800

Amount of Each Disbursement this Period

25.20

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

183.90

--

**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 10

<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

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)

Women's Campaign Fund PAC (WCF PAC)

Full Name (Last, First, Middle Initial)

A. Hudson Bay Company of Illinois, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316

Purpose of Disbursement
PAC Telemarketing

Candidate Name

Category/
Type**Transaction ID : SB21B.10838**

Amount of Each Disbursement this Period

400.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Hudson Bay Company of Illinois, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316

Purpose of Disbursement
PAC Telemarketing

Candidate Name

Category/
Type**Transaction ID : SB21B.10839**

Amount of Each Disbursement this Period

100.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Hudson Bay Company of Illinois, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

Mailing Address 11032 Vera Cruz Ave N

City	State	Zip Code
Champlin	MN	55316

Purpose of Disbursement
PAC Telemarketing

Candidate Name

Category/
Type**Transaction ID : SB21B.10840**

Amount of Each Disbursement this Period

400.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

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

900.00

--

<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

Women's Campaign Fund PAC (WCF PAC)

A. Hudson Bay Company of Illinois, Inc.

Date of Disbursement

Transaction ID : SB21B.10841

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Wells Fargo

Date of Disbursement

MM / DD / YYYY

Mailing Address 2000 L St NW

City	State	Zip Code
Washington	DC	20036

Transaction ID : SB21B.10799

Purpose of Disbursement
PAC Bank Fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2014

Mailing Address 2000 L St NW

City	State	Zip Code
Washington	DC	20036

Transaction ID : SB21B.10801

Purpose of Disbursement
PAC Bank Fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

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

1589.15

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

2673.05

**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 10 OF 10

<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

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)

Women's Campaign Fund PAC (WCF PAC)

Full Name (Last, First, Middle Initial)

A. Lorie Masters For Attorney General

Mailing Address 6925 Blair Rd NW, 2nd Flr

City	State	Zip Code
Washington	DC	20012

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SB29.10802

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

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:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

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).....▶

1500.00

1500.00
