

# 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="2013"/>	<input type="text" value="48079.92"/>	<input type="text" value="48079.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="89448.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16860.00"/>	<input type="text" value="105728.25"/>
(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="106308.17"/>	<input type="text" value="153808.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22240.00"/>	<input type="text" value="69740.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84068.17"/>	<input type="text" value="84068.17"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

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).....	11655.00	75695.00
(ii) Unitemized .....	5205.00	30033.25
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16860.00	105728.25
(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) .....	16860.00	105728.25
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))..... ▶	16860.00	105728.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16860.00	105728.25

**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.....	2000.00	16000.00
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 .....	20240.00	53740.00
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)) ..	22240.00	69740.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22240.00	69740.00

**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) .....	16860.00	105728.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16860.00	105728.25
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 14  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mr. Arthur Todd Dexter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3705 Stonington Dr  
 City State Zip Code  
 Plano TX 75093-7744  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11AI.22146**  
 Amount of Each Receipt this Period  
 300.00

**B. Mrs. Mary Alice Dunlap**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Monterey Oaks Dr  
 City State Zip Code  
 Richmond TX 77469-5786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Jaimel Health Care Services Caregiver  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11AI.22148**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mrs. Rebecca Dunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7501 N 21st St  
 City State Zip Code  
 McAllen TX 78504-5650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North Mission Church of Christ Office assistant  
 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  
 10 / 03 / 2013  
**Transaction ID : SA11AI.22162**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**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 7 OF 14  
(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. Norman Eichelmann**  
 Mailing Address 136 Westcourt Ln  
 City San Antonio State TX Zip Code 78257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Estate tax lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11AI.22197**  
 Amount of Each Receipt this Period  
 1500.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Patricia Galloway**  
 Mailing Address 65 Bonnie View Dr  
 City Trumbull State CT Zip Code 06611-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11AI.22158**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Larry Gladfelter**  
 Mailing Address 725 Harmony Dr  
 City New Oxford State PA Zip Code 17350-8205  
 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11AI.22155**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2200.00  
**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 14
	<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)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mr. Larry Gladfelter**

Mailing Address 725 Harmony Dr

City State Zip Code  
New Oxford PA 17350-8205

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 ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2013  
**Transaction ID : SA11AI.22156**

Amount of Each Receipt this Period  
800.00

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

Mailing Address 21 Tarleton Ln

City State Zip Code  
Ladera Ranch CA 92694-1303

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

Name of Employer Occupation  
KPI Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2013  
**Transaction ID : SA11AI.22157**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Talbert Hughes**

Mailing Address 7224 Panorama Dr

City State Zip Code  
Derwood MD 20855-1939

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  
10 / 11 / 2013  
**Transaction ID : SA11AI.22150**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

**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 14  
(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**

**A. Mr. William Jernigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Turnberry Pl  
 City Shoal Creek State AL Zip Code 35242-5934  
 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 10 / 15 / 2013  
**Transaction ID : SA11AI.22147**  
 Amount of Each Receipt this Period 5000.00

**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 St. Alexius Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11AI.22149**  
 Amount of Each Receipt this Period 50.00

**C. Mr. David Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11211 Patridge Dr  
 City Houston State TX Zip Code 77070-1326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Locke Lord Bissell & Liddell Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11AI.22151**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5080.00  
**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 10 OF 14
<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**

Full Name (Last, First, Middle Initial) <b>A. George Nelson</b>		Date of Receipt
Mailing Address PO Box 8		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Rising Fawn GA 30738		<b>Transaction ID : SA11AI.22195</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Lineman Training Center	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. George Nelson</b>		Date of Receipt
Mailing Address PO Box 8		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Rising Fawn GA 30738		<b>Transaction ID : SA11AI.22236</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer Lineman Training Center	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kathleen Resseguie</b>		Date of Receipt
Mailing Address PO Box 2718		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Evans GA 30809		<b>Transaction ID : SA11AI.22244</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Info requested per best effort	Occupation Info requested per best efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 11 OF 14  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy Tynes**

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 Occupation  
Info requested per best effort Info requested per best efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
10 / 01 / 2013  
**Transaction ID : SA11AI.22144**

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 Buellton State CA Zip Code 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 ▼  
2200.00

Date of Receipt  
10 / 01 / 2013  
**Transaction ID : SA11AI.22143**

Amount of Each Receipt this Period  
200.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11655.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. 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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SB23.22135**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LOUDERMILK FOR CONGRESS**

Mailing Address PO BOX 447

City CASSVILLE State GA Zip Code 30123

Purpose of Disbursement  
Contribution

011

Candidate Name

**BARRY LOUDERMILK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SB23.22136**

Amount of Each Disbursement this Period

1000.00

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)..... ▶

2000.00

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

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Obenshain for Attorney General**

Mailing Address PO Box 70099

City Richmond State VA Zip Code 23255

Purpose of Disbursement  
Non-federal contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

Transaction ID : SB29.22137

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Virginia Values Voter PAC**

Mailing Address 5501 Merchants View Square  
#736

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Non-federal contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2013

Transaction ID : SB29.22258

Amount of Each Disbursement this Period

14640.00

Full Name (Last, First, Middle Initial)

**C. Virginia Values Voter PAC**

Mailing Address 5501 Merchants View Square  
#736

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Non-federal contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 15 / 2013

Transaction ID : SB29.22259

Amount of Each Disbursement this Period

2100.00

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

17240.00

**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 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. Virginia Values Voter PAC**

Mailing Address 5501 Merchants View Square  
#736

City Haymarket State VA Zip Code 20169

Purpose of Disbursement  
Non-federal contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB29.22260**

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)..... ▶