

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. L PAC

ADDRESS (number and street) 409 7th Street, N.W. Suite #350 WASHINGTON DC 20004

2. FEC IDENTIFICATION NUMBER C C00519413 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day Report for the: General, Runoff, Special.

5. Covering Period 07 01 2014 through 09 30 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 ALIX RITCHIE

Signature of Treasurer ALIX RITCHIE [Electronically Filed] Date 10 15 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

L 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"/>		63712.25
(b) Cash on Hand at Beginning of Reporting Period.....	285152.31	
(c) Total Receipts (from Line 19) .....	180882.12	563055.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	466034.43	626767.95
7. Total Disbursements (from Line 31).....	222889.57	383623.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	243144.86	243144.86
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) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

L PAC

Report Covering the Period: From: 07 / 01 / 2014 To: 09 / 30 / 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).....	0.00	8000.00
(ii) Unitemized .....	60.00	224.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	60.00	8224.58
(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) .....	60.00	8224.58
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.).....	180822.12	554831.12
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))..... ▶	180882.12	563055.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	180882.12	563055.70

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	38.30	104.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38.30	104.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
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 .....	215351.27	376018.59
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)) ..	222889.57	383623.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	222889.57	383623.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	60.00	8224.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60.00	8224.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	38.30	104.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	38.30	104.50

**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 35
<input 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 checked="" 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. John Barabino</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2014
Mailing Address PO box 5010		<b>Transaction ID : SA17.7538</b>
City Monroe	State CT	Zip Code 06468
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Retired	Occupation Retired	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Bloch</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2014
Mailing Address 325 N. East		<b>Transaction ID : SA17.7530</b>
City Oak Park	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dowd, Bloch & Bennett	Occupation Attorney	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Bostian</b>		Date of Receipt MM / DD / YYYY 08 / 11 / 2014
Mailing Address 12723 Bluebell Ave		<b>Transaction ID : SA17.7593</b>
City Huntley	State IL	Zip Code 60142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Retired	Occupation retired	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<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 7 OF 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Eliza Byard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 747 Union Street  
Apt. 4  
City Brooklyn State NY Zip Code 11215  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GLSEN Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 17 / 2014**  
**Transaction ID : SA17.7534**  
Amount of Each Receipt this Period **500.00**  
Contribution to IE Only Account

**B. David Dechman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 525 Park avenue #phC  
City New York State NY Zip Code 10065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**

Date of Receipt **07 / 28 / 2014**  
**Transaction ID : SA17.7541**  
Amount of Each Receipt this Period **2500.00**  
Contribution to IE Only Account

**C. Karen Dixon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2414 Tracy Place, NW  
City Washington State DC Zip Code 20008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **25000.00**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : SA17.7641**  
Amount of Each Receipt this Period **25000.00**  
Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **28000.00**  
**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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Eve Ensler</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2014 <b>Transaction ID : SA17.7539</b>
Mailing Address 200 Park Avenue South 8th Floor		Amount of Each Receipt this Period 2000.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Self	Occupation Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Leticia Gomez</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2014 <b>Transaction ID : SA17.7618</b>
Mailing Address 1720 Euclid Street, NW		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Department of Navy	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Katherine Grainger</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2014 <b>Transaction ID : SA17.7654</b>
Mailing Address 409 7th Street, N.W. Suite #350		Amount of Each Receipt this Period 250.00
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Civitas Public Affairs Group	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Patrick Guerriero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Nassau St PH2203  
City Boston State MA Zip Code 02111  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Civitas Public Affairs Group Occupation Executive  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 08 / 28 / 2014  
**Transaction ID : SA17.7614**  
Amount of Each Receipt this Period 500.00  
Contribution to IE Only Account

**B. Agnes Gund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 765 Park Avenue #14B  
City New York State NY Zip Code 10021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Art Historian  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 25000.00

Date of Receipt 09 / 05 / 2014  
**Transaction ID : SA17.7657**  
Amount of Each Receipt this Period 25000.00  
Contribution to IE Only Account

**C. Gabrielle Hanna**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 Pleasant Street  
City Provincetown State MA Zip Code 02657  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Provincetown Film Society Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 08 / 27 / 2014  
**Transaction ID : SA17.7612**  
Amount of Each Receipt this Period 2500.00  
Contribution to IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... 28000.00  
**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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Lynne Harkless</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2014 <b>Transaction ID : SA17.7685</b>
Mailing Address 5727 S.W. 49 St.		Amount of Each Receipt this Period 250.00
City Miami	State FL	Zip Code 33155
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Self	Occupation Psychology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Alan Hergott</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2014 <b>Transaction ID : SA17.7533</b>
Mailing Address 150 S. Rodeo Dr. 3rd Floor		Amount of Each Receipt this Period 1500.00
City Beverly Hills	State CA	Zip Code 90212
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Bloom Hergot Diemer et. al.	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Gretchen Hoover</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2014 <b>Transaction ID : SA17.7592</b>
Mailing Address P.O. Box 1087		Amount of Each Receipt this Period 3000.00
City Rhineland	State WI	Zip Code 54501
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4750.00
<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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Gretchen Hoover</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2014 <b>Transaction ID : SA17.7645</b>
Mailing Address P.O. Box 1087		Amount of Each Receipt this Period 3500.00
City Rhineland	State WI	Zip Code 54501
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 14000.00	

Full Name (Last, First, Middle Initial) <b>B. Gretchen Hoover</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2014 <b>Transaction ID : SA17.7655</b>
Mailing Address P.O. Box 1087		Amount of Each Receipt this Period 5000.00
City Rhineland	State WI	Zip Code 54501
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 19000.00	

Full Name (Last, First, Middle Initial) <b>C. Vicky Keith</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 <b>Transaction ID : SA17.7682</b>
Mailing Address 2247 NE 20th St.		Amount of Each Receipt this Period 1000.00
City Fort Lauderdale	State GA	Zip Code 33305
FEC ID number of contributing federal political committee. C		Contribution for IE Only Account
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<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 12 OF 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Myrna A Kelley</b>		Date of Receipt MM / DD / YYYY 07 / 14 / 2014
Mailing Address 511 New Castle Street		<b>Transaction ID : SA17.7581</b>
City Rehoboth	State DE	Zip Code 19971
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Leaders Matter, LLC</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014
Mailing Address 4737 North Ocean Blvd.		<b>Transaction ID : SA17.7660</b>
City Lauderdale By Sea	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Amy Mandel</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014
Mailing Address 126 Nordic Trail		<b>Transaction ID : SA17.7536</b>
City Asheville	State NC	Zip Code 28804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7000.00
Name of Employer Retired	Occupation Retired	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8250.00
<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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Amy Mandel</b>		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 <b>Transaction ID : SA17.7537</b>
Mailing Address 126 Nordic Trail		Amount of Each Receipt this Period 1000.00
City Asheville	State NC	Zip Code 28804
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8000.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth McKnight</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 <b>Transaction ID : SA17.7605</b>
Mailing Address 1766 W. Thorndale Ave		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60660
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Alliance of Chicago	Occupation Health Informatics Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Betty Orlandino</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 <b>Transaction ID : SA17.7683</b>
Mailing Address 495 Brickell Ave #1901		Amount of Each Receipt this Period 250.00
City Miami	State FL	Zip Code 33131
FEC ID number of contributing federal political committee. C		Contribution to IE Only Account
Name of Employer Self	Occupation Dr of Psychology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Marj & Tracy Plumb & Weitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 541 S. 52nd St.  
City Omaha State NE Zip Code 68106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Plumblne Coaching & Consulting Occupation Principal and Owner  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2500.00**  
Date of Receipt **08 / 22 / 2014**  
**Transaction ID : SA17.7611**  
Amount of Each Receipt this Period **2500.00**  
Contribution to IE Only Account

**B. Laura Ricketts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1615 West Rosehill Drive  
City Chicago State IL Zip Code 60660  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Consultant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **245000.00**  
Date of Receipt **08 / 20 / 2014**  
**Transaction ID : SA17.7624**  
Amount of Each Receipt this Period **45000.00**  
Contribution to IE Only Account

**C. ALIX RITCHIE**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 30220  
City Fort Lauderdale State FL Zip Code 33303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Writer  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **70000.00**  
Date of Receipt **07 / 14 / 2014**  
**Transaction ID : SA17.7573**  
Amount of Each Receipt this Period **20000.00**  
Contribution for IE Only Account

**SUBTOTAL** of Receipts This Page (optional)..... **67500.00**  
**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 15 OF 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Hilary Rosen**

Mailing Address 4835 Hutchins pl NW

City Washington State DC Zip Code 20007

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

Name of Employer SKDKinckerbocker Occupation Political Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 08 / 2014

**Transaction ID : SA17.7636**

Amount of Each Receipt this Period  
10000.00

Contribution to IE Only Account

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

Mailing Address 2500 E. Las Olas Blvd.

City FT. Lauderdale State FL Zip Code 33301

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2014

**Transaction ID : SA17.7535**

Amount of Each Receipt this Period  
100.00

Contribution to IE Only Account

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

Mailing Address 2500 E. Las Olas Blvd.

City FT. Lauderdale State FL Zip Code 33301

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

Name of Employer Self Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA17.7607**

Amount of Each Receipt this Period  
100.00

Contribution to IE Only Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10200.00
<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 16 OF 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Dorothy Sander</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2014
Mailing Address 2500 E. Las Olas Blvd.		<b>Transaction ID : SA17.7653</b>
City FT. Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 100.00	
Name of Employer Self	Occupation Investor	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Brooke Skinner</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2014
Mailing Address 1021 W Buena 1E		<b>Transaction ID : SA17.7648</b>
City Chicago	State IL	Zip Code 60613
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. William (Bill) Smith</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2014
Mailing Address 1007 E Capitol ST SE		<b>Transaction ID : SA17.7608</b>
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer Civitas Public Affairs Group	Occupation Partner	Contribution to IE Only Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 17 OF 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. William (Bill) Smith</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2014 <b>Transaction ID : SA17.7637</b>
Mailing Address 1007 E Capitol ST SE		Amount of Each Receipt this Period 500.00
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C	Contribution to IE Only Account	
Name of Employer Civitas Public Affairs Group	Occupation Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Diane Tanios</b>		Date of Receipt MM / DD / YYYY 09 / 10 / 2014 <b>Transaction ID : SA17.7640</b>
Mailing Address P.O. Box 14788		Amount of Each Receipt this Period 1500.00
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee. C	Contribution to IE Only Account	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Andrew Tobias</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2014 <b>Transaction ID : SA17.7544</b>
Mailing Address 146 Central Park W		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C	Contribution to IE Only Account	
Name of Employer Self	Occupation Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<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 18 OF 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Sharon Watrous**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1048 Forest Ave.  
City Evanston State IL Zip Code 60202  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chalk Boutique Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA17.7690**  
Amount of Each Receipt this Period 5000.00  
Contribution to IE Only Account

**B. Christy Webber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2125 W. Concord Pl.  
City Chicago State IL Zip Code 60647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Christy Webber Landscapes Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 29 / 2014  
**Transaction ID : SA17.7617**  
Amount of Each Receipt this Period 2500.00  
Contribution to IE Only Account

**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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	179550.00

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee

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  
08 / 21 / 2014

**Transaction ID : SB21B.7623**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee

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  
09 / 25 / 2014

**Transaction ID : SB21B.7671**

Amount of Each Disbursement this Period

25.00

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)..... ▶

35.00

35.00

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. SEAN ELDRIDGE FOR CONGRESS**

Mailing Address PO BOX 4113

City KINGSTON State NY Zip Code 12402

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 19

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

**Transaction ID : SB23.7670**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. GRAHAM FOR CONGRESS**

Mailing Address PO BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

**Transaction ID : SB23.7673**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		20		2014

**Transaction ID : SB23.7621**

Amount of Each Disbursement this Period

2400.00
---------

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

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

7400.00
---------

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**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. KYRSTEN SINEMA FOR CONGRESS**

Date of Disbursement

Mailing Address PO BOX 25879

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2014

City State Zip Code  
TEMPE AZ 85285

**Transaction ID : SB23.7692**

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

100.00
--------

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

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

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

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

100.00
--------

7500.00
---------

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fee - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 02 / 2014

**Transaction ID : SB29.7560**

Amount of Each Disbursement this Period

47.05

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fee- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 04 / 2014

**Transaction ID : SB29.7595**

Amount of Each Disbursement this Period

44.50

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128

Purpose of Disbursement  
Credit Card Processing Fee - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 03 / 2014

**Transaction ID : SB29.7626**

Amount of Each Disbursement this Period

44.05

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

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

135.60

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 700 13TH STREET, NW		<b>Transaction ID : SB29.7557</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Bank Fee - IE Only Account	Amount of Each Disbursement this Period 25.00
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:		

Full Name (Last, First, Middle Initial) <b>B. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 700 13TH STREET, NW		<b>Transaction ID : SB29.7558</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Bank Fee - IE Only Account	Amount of Each Disbursement this Period 25.00
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:		

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 07 / 01 / 2014
Mailing Address 700 13TH STREET, NW		<b>Transaction ID : SB29.7559</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Bank Fee - IE Only Account	Amount of Each Disbursement this Period 25.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75.00
<b>TOTAL</b> 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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 700 13TH STREET, NW		<b>Transaction ID : SB29.7561</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Credit Card Processing Fee- IE Only Account	Amount of Each Disbursement this Period 457.85
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:		

Full Name (Last, First, Middle Initial) <b>B. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 07 / 08 / 2014
Mailing Address 700 13TH STREET, NW		<b>Transaction ID : SB29.7563</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Bank Fee - IE Only Account	Amount of Each Disbursement this Period 15.00
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:		

Full Name (Last, First, Middle Initial) <b>C. BANK OF AMERICA</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2014
Mailing Address 700 13TH STREET, NW		<b>Transaction ID : SB29.7565</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Bank Fee - IE Only Account	Amount of Each Disbursement this Period 25.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	497.85
<b>TOTAL</b> 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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee -IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7570**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7572**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Credit Card Processing Fee- IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7594**

Amount of Each Disbursement this Period

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

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7598**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7600**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7602**

Amount of Each Disbursement this Period

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

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : **SB29.7603**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

Transaction ID : **SB29.7604**

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Credit Card Processing Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : **SB29.7625**

Amount of Each Disbursement this Period

669.82

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

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

687.82

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7628**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7632**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BANK OF AMERICA**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Bank Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.7635**

Amount of Each Disbursement this Period

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

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic Consulting Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 10 / 2014

**Transaction ID : SB29.7564**

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**B. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Expense - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 24 / 2014

**Transaction ID : SB29.7569**

Amount of Each Disbursement this Period

3072.56

Full Name (Last, First, Middle Initial)

**C. Civitas Public Affairs**

Mailing Address 601 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic Consulting Fee- IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 12 / 2014

**Transaction ID : SB29.7599**

Amount of Each Disbursement this Period

20000.00

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

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

43072.56

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Civitas Public Affairs**

Date of Disbursement  
MM / DD / YYYY  
09 / 11 / 2014

Mailing Address 601 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Strategic Consulting - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB29.7629**

Amount of Each Disbursement this Period  
30000.00

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

Date of Disbursement  
MM / DD / YYYY  
09 / 11 / 2014

Mailing Address 601 13th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Travel - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB29.7630**

Amount of Each Disbursement this Period  
528.67

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

Date of Disbursement  
MM / DD / YYYY  
07 / 25 / 2014

Mailing Address 7254 Hollywood Blvd., #1

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Fundraising on-line - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **SB29.7571**

Amount of Each Disbursement this Period  
12500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 33028.67

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Collective Conscience, LLC**

Mailing Address 7254 Hollywood Blvd., #1

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Fundraising on-line - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7601**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Collective Conscience, LLC**

Mailing Address 7254 Hollywood Blvd., #1

City Los Angeles State CA Zip Code 90046

Purpose of Disbursement  
Fundraising on-line - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7634**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ditto Consulting**

Mailing Address 428 West 23rd Street, 2B

City New York State NY Zip Code 10011

Purpose of Disbursement  
Fundraising on-line fee - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.7566**

Amount of Each Disbursement this Period

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

**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)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Ditto Consulting</b>		Date of Disbursement MM / DD / YYYY 08 / 06 / 2014	
Mailing Address 428 West 23rd Street, 2B		Transaction ID : <b>SB29.7596</b>  Amount of Each Disbursement this Period 8000.00	
City New York	State NY		Zip Code 10011
Purpose of Disbursement Fundraising on-line fee - IE Only Account			Category/ Type
Candidate Name			
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: _____		

Full Name (Last, First, Middle Initial) <b>B. Ditto Consulting</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 428 West 23rd Street, 2B		Transaction ID : <b>SB29.7633</b>  Amount of Each Disbursement this Period 842.12	
City New York	State NY		Zip Code 10011
Purpose of Disbursement Fundraising on-line - IE Only Account			Category/ Type
Candidate Name			
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: _____		

Full Name (Last, First, Middle Initial) <b>C. Maria L Galdo</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 409 7th Street, NW Suite #350		Transaction ID : <b>SB29.7568</b>  Amount of Each Disbursement this Period 1500.00	
City Washington	State DC		Zip Code 20004
Purpose of Disbursement Accounting Services- IE Only Account			Category/ Type
Candidate Name			
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)..... ▶

10342.12

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Harmon, Curran, Spielberg & Eisenberg, LLC**

Mailing Address 1726 M Street, NW. #600

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Legal Fee - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 21 / 2014

**Transaction ID : SB29.7567**

Amount of Each Disbursement this Period

3879.90

Full Name (Last, First, Middle Initial)

**B. NGP Van, Inc.**

Mailing Address 1101 15th Street, N.W. Ste#500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Technology Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

**Transaction ID : SB29.7620**

Amount of Each Disbursement this Period

4750.00

Full Name (Last, First, Middle Initial)

**C. Quinn for Illinois**

Mailing Address 676 N. LaSalle St. Suite 340

City Chicago State IL Zip Code 60654

Purpose of Disbursement  
Contribution - IE Only Account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

**Transaction ID : SB29.7556**

Amount of Each Disbursement this Period

15000.00

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

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

23629.90

**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

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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Salsa Labs**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Web- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2014

**Transaction ID : SB29.7562**

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

**B. Salsa Labs**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Web - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB29.7597**

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

**C. Salsa Labs**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Web - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

**Transaction ID : SB29.7627**

Amount of Each Disbursement this Period

850.00

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

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

2550.00

**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Salsa Labs**

Mailing Address PO Box 674533

City Detroit State MI Zip Code 48267

Purpose of Disbursement  
Web - IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 11 / 2014

Transaction ID : **SB29.7631**

Amount of Each Disbursement this Period

651.00

Full Name (Last, First, Middle Initial)

**B. WENDY DAVIS FOR GOVERNOR**

Mailing Address P.O. Box 1039

City Fort Worth State TX Zip Code 76101

Purpose of Disbursement  
Contribution- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 01 / 2014

Transaction ID : **SB29.7554**

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

**C. WOMEN VOTE!**

Mailing Address 1120 CONNECTICUT AVE, NW  
STE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Contribution- IE Only Account

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
07 / 01 / 2014

Transaction ID : **SB29.7555**

Amount of Each Disbursement this Period

50000.00

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

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

80651.00

215351.27