

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2015 JAN - 8 PM 2:18 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

FEDERAL CENTER 12 FEDERAL CENTER

FEMINIST MAJORITY PAC

ADDRESS (number and street)

1600 WILSON BLVD.

Check if different than previously reported. (ACC)

SUITE 801

ARLINGTON

VA

22209

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

CDD377168

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
Convention (12C)
General (12G)
Special (12S)
Runoff (12R)

Election on

MM/DD/YYYY

in the State of

(d) 30-Day POST-Election Report for the:

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

Election on

MM/DD/YYYY

in the State of

5. Covering Period

10/16/2014

through

7/24/2014

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

ELEANOR SMEAL, ASSISTANT TREASURER

Signature of Treasurer

Eleanor Smeal

Date

07/07/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FEMINIST MAJORITY PAC

Report Covering the Period:

From:

10 / *16* / *2014*

To:

11 / *24* / *2014*

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2014</i>		<i>10,051.19</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>13,002.90</i>	
(c) Total Receipts (from Line 19)	<i>5,757.95</i>	<i>27,287.02</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>18,760.85</i>	<i>37,338.21</i>
7. Total Disbursements (from Line 31).....	<i>16,429.93</i>	<i>35,007.29</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>2,330.92</i>	<i>2,330.92</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>0</i>	

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 Disbursements

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	429,933	841,989
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	429,933	841,989
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16,000.00	26,587.40
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16,429,933	35,007,299
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16,429,933	35,007,299

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)	5,757.95	27,287.02
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,757.95	27,287.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4,299.93	8,419.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4,299.93	8,419.89

FILED IN PUBLIC DOMAIN

**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 <u>6</u> OF <u>14</u>	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
F E O L L I O T T , G E R T R U D E

Mailing Address
7900 XERVES AVE S, # 203, N 9307-207

City BLOOMINGTON, State MN Zip Code 55431

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 300.00

Date of Receipt
11 / 27 / 2014

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
L A I N E R , L U I S & L E E

Mailing Address
10788 BELLAGIO ROAD

City L O S A N G E L E S, State CA Zip Code 90077

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 300.00

Date of Receipt
10 / 30 / 2014

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
K A P L A N , R I T A

Mailing Address
269-30A GRAND CENTRAL PKWY.

City F L O R A L P A R K , N Y, State Zip Code 11005

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date 250.00

Date of Receipt
11 / 06 / 2014

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only) 700.00

11-11-2013 10:40:00

**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)

PAGE 8 OF 14

<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)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. <u>PAYPAL INC.</u>		Date of Disbursement
Mailing Address <u>4100 SOLUTIONS CENTER</u>		<u>10</u> / <u>16</u> / <u>2014</u>
City <u>CHICAGO</u> IL <u>60677</u>		Amount of Each Disbursement this Period <u>54.10</u>
Purpose of Disbursement <u>MONTHLY PROCESSING FEE</u>	Category/Type <u>003</u>	
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. <u>PAY PAL, INC.</u>		Date of Disbursement
Mailing Address <u>4100 SOLUTIONS CENTER</u>		<u>11</u> / <u>03</u> / <u>2014</u>
City <u>CHICAGO</u> IL <u>60677</u>		Amount of Each Disbursement this Period <u>54.10</u>
Purpose of Disbursement <u>MONTHLY PROCESSING FEE</u>	Category/Type <u>003</u>	
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: _____		

C. <u>BANK OF AMERICA</u>		Date of Disbursement
Mailing Address <u>PO BOX 830175</u>		<u>10</u> / <u>16</u> / <u>2014</u>
City <u>DALLAS</u> TX <u>75283</u>		Amount of Each Disbursement this Period <u>69.61</u>
Purpose of Disbursement <u>BANK SERVICE CHARGE</u>	Category/Type <u>003</u>	
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).....▶	<u>177.81</u>
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 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

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial) <u>A. BANK OF AMERICA</u>		Date of Disbursement <u>MM' DD' YYYY</u> <u>11' 17' 2014</u>
Mailing Address <u>PO BOX 830175</u>		Amount of Each Disbursement this Period <u>70.43</u>
City <u>DALLAS TX</u>	State Zip Code <u>75283</u>	
Purpose of Disbursement <u>BANK SERVICE CHARGE</u>	Candidate Name	Category/Type <u>003</u>
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) <u>B. BANK OF AM. MERCHANT SRVCS</u>		Date of Disbursement <u>MM' DD' YYYY</u> <u>10' 16' 2014</u>
Mailing Address <u>PO BOX 2485</u>		Amount of Each Disbursement this Period <u>49.16</u>
City <u>SPOKANE WA</u>	State Zip Code <u>99210</u>	
Purpose of Disbursement <u>CREDIT CARD FEES</u>	Candidate Name	Category/Type <u>003</u>
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) <u>C. BANK OF AM. MERCHANT SERVICES</u>		Date of Disbursement <u>MM' DD' YYYY</u> <u>11' 03' 2014</u>
Mailing Address <u>PO BOX 2485</u>		Amount of Each Disbursement this Period <u>82.00</u>
City <u>SPOKANE WA</u>	State Zip Code <u>99210</u>	
Purpose of Disbursement <u>CREDIT CARD FEES</u>	Candidate Name	Category/Type <u>003</u>
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).....▶	<u>2015.9</u>
TOTAL This Period (last page this line number only).....▶	<u>379.40</u>

11-01-14 10:00 AM

**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)

PAGE 10 OF 14

<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)
FEMINIST MAJORITY PAC

A. HAGAN FOR US SENATE

Full Name (Last, First, Middle Initial)

Mailing Address: **3 CENTERVIEW DR., SUITE 300**

City: **GREENSBORO, NC** State: **NC** Zip Code: **27407**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **KAY HAGAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **NC** District:

Date of Disbursement: **10/23/2014**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: **011**

B. NUNN FOR SENATE HEADQUARTERS

Full Name (Last, First, Middle Initial)

Mailing Address: **1206 SPRING ST., NW**

City: **ATLANTA, GA** State: **GA** Zip Code: **30309**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **MICHELLE NUNN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **GA** District:

Date of Disbursement: **10/23/2014**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: **011**

C. SINNER FOR NORTH DAKOTA

Full Name (Last, First, Middle Initial)

Mailing Address: **3003 - 32nd AVE., S**

City: **FARGO, ND** State: **ND** Zip Code: **58106**

Purpose of Disbursement: **CONTRIBUTION**

Candidate Name: **GEORGE SINNER**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ND** District: **46**

Date of Disbursement: **10/23/2014**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional).....▶ **3,000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

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

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. BELGARD FOR CONGRESS

Mailing Address: 220 SUNSET RD, SUITE 3A

City: WILLINGBORD State: NJ Zip Code: 08046

Purpose of Disbursement: CONTRIBUTION

Candidate Name: AIMEE BELGRAD

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NJ District: 03

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 500.00

Category/Type: 0

B. BRALEY FOR US SENATE

Mailing Address: P.O. BOX 856

City: DES MOINES, IA State: IA Zip Code: 50304

Purpose of Disbursement: CONTRIBUTION

Candidate Name: BRUCE BRALEY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IA District:

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 1,000.00

Category/Type: 0

C. GRAHAM FOR CONGRESS

Mailing Address: 547 NORTH MONROE ST.

City: TALLAHASSEE, FL State: FL Zip Code: 32301

Purpose of Disbursement: CONTRIBUTION

Candidate Name: GWEN GRAHAM

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: FL District: 02

Date of Disbursement: 10 / 23 / 2014

Amount of Each Disbursement this Period: 1,000.00

Category/Type: 0

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

2,500.00

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

2,500.00

**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

PAGE 12 OF 14

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial) **CAIN FOR CONGRESS** Date of Disbursement **10/23/2014**

Mailing Address **30 MAIN STREET**

City **ORONO ME** State **ME** Zip Code **04402**

Purpose of Disbursement **CONTRIBUTION** Category/Type **011**

Candidate Name **EMILY CAIN** Amount of Each Disbursement this Period **1,000.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **ME** District: **02**

B. Full Name (Last, First, Middle Initial) **PAM BYRNES FOR CONGRESS** Date of Disbursement **10/23/2014**

Mailing Address **17381 NORTH MICHIGAN STATE RD 52**

City **CHELSEA MI** State **MI** Zip Code **48118**

Purpose of Disbursement **CONTRIBUTION** Category/Type **011**

Candidate Name **PAM BYRNES** Amount of Each Disbursement this Period **1,000.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **MI** District: **7**

C. Full Name (Last, First, Middle Initial) **ERIN BILBRAY FOR CONGRESS** Date of Disbursement **10/23/2014**

Mailing Address **7161 S. EASTERN AVENUE, # A**

City **LAS VEGAS NV** State **NV** Zip Code **89119**

Purpose of Disbursement **CONTRIBUTION** Category/Type **011**

Candidate Name **ERIN BILBRAY** Amount of Each Disbursement this Period **1,000.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **NV** District: **03**

SUBTOTAL of Disbursements This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only)

UNCLASSIFIED - CONFIDENTIAL

**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)

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)
FEMINIST MAJORITY PAC

A.

Full Name (Last, First, Middle Initial) **KUSTER FOR CONGRESS**

Mailing Address **2-112 BEACON ST.**

City **CONCORD NH** State Zip Code **03301**

Purpose of Disbursement **CONTRIBUTION** Category/Type **011**

Candidate Name **ANNE KUSTER**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: **NH** District: **2**

Date of Disbursement **10' 23' 2014**

Amount of Each Disbursement this Period **1,000.00**

B.

Full Name (Last, First, Middle Initial) **CAROL SHEA-PORTER FOR CONGRESS**

Mailing Address **20 FRONT STREET**

City **ROLLINSFORD, NH** State Zip Code **03869**

Purpose of Disbursement **CONTRIBUTION** Category/Type **011**

Candidate Name **CAROL SHEA-PORTER**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: **NH** District: **01**

Date of Disbursement **10' 23' 2014**

Amount of Each Disbursement this Period **500.00**

C.

Full Name (Last, First, Middle Initial) **FRIENDS OF CHERI BUSTAS**

Mailing Address **1050-17th ST., NW, #590**

City **WASHINGTON, DC** State Zip Code **20036**

Purpose of Disbursement **CONTRIBUTION** Category/Type **011**

Candidate Name **CHERI BUSTAS**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: **IL** District: **17**

Date of Disbursement **10' 23' 2014**

Amount of Each Disbursement this Period **1,000.00**

SUBTOTAL of Disbursements This Page (optional).....▶ **2,500.00**

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

11-10-2013 10:10:10

FedEx

Express



FedEx carbon-neutral
envelope shipping

Align top of FedEx Express® shipping

MAIL CENTER
XRAYED BY FEC SECURITY

Page

FZ
677
00:00:31
01:10:10
6

Ship Date: 07 JAN 15
ActWgt: 0.5 LB
CAD: 1494321UNET3550

Delivery Address Bar Code

Ref # FM 70
Invoice #
PO # 70
Dept #

TRK 7724 9155 1270
QZ01

THU - 08 JAN AA
STANDARD OVERNIGHT

20463
DC-US
IAD

19 RDVA

5201 0F 156A03

Origin ID: ZFOA

FedEx Express
E

SHIP TO: 0209 694-1100
BILL SENDER
FEC
FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC 20463

From: (703) 522-2214
Diana Cohn
Feminist Majority EC Office
1800 Wilson Blvd
Suite 801
ARLINGTON, VA 22209

J1Z21 4022200

After printing this label:
1. Use the Print button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, etc.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

11-0101-1-00000000

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/7/15</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JH</i> PREPARER	<i>1/8/2015</i> DATE PREPARED