

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 14 JUL 16 PM 4:05 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Stephen Shogan for Senate Committee

ADDRESS (number and street) PO Box 370230 Denver CO 80237 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C c00556530 3. IS THIS REPORT X NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
X July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on MM / in the State of

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

General (30G) Runoff (30R) Special (30S)
Election on MM / in the State of

5. Covering Period MM 06 DD 05 / YY 2014 through MM 06 DD 30 YY 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 Lisa Chaiken

Signature of Treasurer Lisa Chaiken Date 07/14/2014

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

Table with 10 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

14020544761

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Stephen Shogan for Senate Committee

Report Covering the Period: From: ^M06 / ^D05 / ^Y2014 To: ^M06 / ^D30 / ^Y2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ..	11650.00	49272.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	11650.00	49272.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	8000.00	95903.02
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	8000.00	95903.02
8. Cash on Hand at Close of Reporting Period (from Line 27)...	31366.89	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...	118000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14020544762

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 16

Write or Type Committee Name

Stephen Shogan for Senate Committee

Report Covering the Period: From: ^{M M} 06 ^{D D} 05 ^{Y Y} 2014

To: ^{M M} 06 ^{D D /} 30 ^{Y Y} 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)...	10600.00	46450.00
(ii) Unitemized	1050.00	2822.00
(iii) TOTAL of contributions from individuals . ▶	11650.00	49272.00
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs) ..	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11650.00	49272.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	8000.00	73000.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	8000.00	73000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶	19650.00	122272.00

14020544763

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 16

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	8000.00	95903.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. 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 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8000.00	95903.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	19716.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	19650.00
25. SUBTOTAL (add Line 23 and Line 24) ...	39366.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	8000.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	31366.89

14020544764

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 16	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) Marshall Abrahams			Date of Receipt M M / D D / Y Y Y 06 / 24 / 2014	
Mailing Address 82 Glenmoor Place			Transaction ID : SA11AI.4342	
City Cherry Hills Village	State CO	Zip Code 80113	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			, , .	
Name of Employer self		Occupation real estate	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	2500.00	
			, , .	

Full Name (Last, First, Middle Initial) Jerome Buckley			Date of Receipt M M / D D / Y Y Y 06 / 22 / 2014	
Mailing Address 301 Adams St			Transaction ID : SA11AI.4317	
City Denver	State CO	Zip Code 80206	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			, , .	
Name of Employer retired		Occupation retired	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	300.00	
			, , .	

Full Name (Last, First, Middle Initial) Richard Bugdanowitz			Date of Receipt M M / D D / Y Y Y 06 / 10 / 2014	
Mailing Address 420 South Steele Street #27			Transaction ID : SA11AI.4322	
City Denver	State CO	Zip Code 80209	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			, , .	
Name of Employer La Nouvelle Cleaners		Occupation owner	, , .	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	1000.00	
			, , .	

SUBTOTAL of Receipts This Page (optional).....	, , .	3050.00
TOTAL This Period (last page this line number only).....	, , .	.

14020544765

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) Jeffrey Dorsey			Date of Receipt M M D D / Y Y Y 06 18 2014		
A. Mailing Address 6776 E Dorado Pl			Transaction ID : SA11AI.4288		
City Greenwood Village	State CO	Zip Code 80111	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			Name of Employer self		
Name of Employer self			Occupation consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00			

Full Name (Last, First, Middle Initial) Carol Ericson			Date of Receipt M M D D / Y Y Y 06 18 2014		
B. Mailing Address 6200 Charlou St			Transaction ID : SA11AI.4314		
City Englewood	State CO	Zip Code 80111	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			Name of Employer University of Denver		
Name of Employer University of Denver			Occupation office coordinator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00			

Full Name (Last, First, Middle Initial) Stanley Ginsburg			Date of Receipt M M D D / Y Y Y 06 07 2014		
C. Mailing Address 508 Ulster Way			Transaction ID : SA11AI.4327		
City Denver	State CO	Zip Code 80230	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			Name of Employer Neurologic Consultants		
Name of Employer Neurologic Consultants			Occupation neurologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

1402054766

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 16	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) Melinda Harper			Date of Receipt M M D D Y Y Y Y 06 30 2014	
Mailing Address 274 Vine			Transaction ID : SA11AI.4320	
City	State	Zip Code	Amount of Each Receipt this Period	
Denver	CO	80206	, , 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer Haprer Hofer & Assoc		Occupation accountant	, , 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 500.00	

Full Name (Last, First, Middle Initial) Stephen Hoffenberg			Date of Receipt M M D D Y Y Y Y 06 18 2014	
Mailing Address 5410 Cottonwood Court			Transaction ID : SA11AI.4290	
City	State	Zip Code	Amount of Each Receipt this Period	
Greenwood Village	CO	80121	, , 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer CarePoint		Occupation physician	, , 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 1000.00	

Full Name (Last, First, Middle Initial) David Pollack			Date of Receipt M M D D Y Y Y Y 06 09 2014	
Mailing Address not given			Transaction ID : SA11AI.4329	
City	State	Zip Code	Amount of Each Receipt this Period	
not given	CO	80209	, , 250.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer retired		Occupation retired	, , 250.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	, , 250.00	

SUBTOTAL of Receipts This Page (optional).....	, , 1750.00
TOTAL This Period (last page this line number only).....	, , .

14020544767

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) Sue Shogan			Date of Receipt M M / D D / Y Y Y Y 06 06 / 2014		
Mailing Address 1121 Maple Leaf Dr			Transaction ID : SA11AI.4308		
City Rochester Hills	State MI	Zip Code 48309	Amount of Each Receipt this Period , . 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , . 500.00		
Name of Employer PESG		Occupation teacher	Amount of Each Receipt this Period , . 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00	Amount of Each Receipt this Period , . 500.00		

Full Name (Last, First, Middle Initial) Paul Tate			Date of Receipt M M / D D / Y Y Y Y 06 06 / 2014		
Mailing Address 1082 Timbercrest Dr			Transaction ID : SA11AI.4331		
City Castle Pines	State CO	Zip Code 80108	Amount of Each Receipt this Period , . 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , . 250.00		
Name of Employer none		Occupation none	Amount of Each Receipt this Period , . 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	Amount of Each Receipt this Period , . 250.00		

Full Name (Last, First, Middle Initial) Robert Wall			Date of Receipt M M / D D / Y Y Y Y 06 17 / 2014		
Mailing Address 142 S Jackson St			Transaction ID : SA11AI.4312		
City Denver	State CO	Zip Code 80209	Amount of Each Receipt this Period , . 250.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , . 250.00		
Name of Employer I Whine llc		Occupation physician	Amount of Each Receipt this Period , . 250.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 250.00	Amount of Each Receipt this Period , . 250.00		

SUBTOTAL of Receipts This Page (optional).....	, . 1000.00
TOTAL This Period (last page this line number only).....	, .

14020544768

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 16

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) A. Nancy Winn			Date of Receipt M M / D D Y Y Y 06 08 2014		
Mailing Address 1502 Columbine Ave			Transaction ID : SA11AI.4310		
City Boulder	State CO	Zip Code 80302	Amount of Each Receipt this Period , , 1000.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 1000.00		
Name of Employer self		Occupation artist	Amount of Each Receipt this Period , , 1000.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 1000.00	Amount of Each Receipt this Period , , 1000.00		
Full Name (Last, First, Middle Initial) B. Jessica Yates			Date of Receipt M M / D D Y Y Y 06 22 2014		
Mailing Address 5539 Stonewall Pl			Transaction ID : SA11AI.4316		
City Boulder	State CO	Zip Code 80303	Amount of Each Receipt this Period , , 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 50.00		
Name of Employer Snell & Willmer		Occupation lawyer	Amount of Each Receipt this Period , , 50.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 300.00	Amount of Each Receipt this Period , , 300.00		
Full Name (Last, First, Middle Initial) C. Gary Yourtz			Date of Receipt M M / D D Y Y Y 06 10 2014		
Mailing Address 825 So Adams St			Transaction ID : SA11AI.4325		
City Denver	State CO	Zip Code 80209	Amount of Each Receipt this Period , , 500.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , 500.00		
Name of Employer retired		Occupation retired	Amount of Each Receipt this Period , , 500.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date , , 500.00	Amount of Each Receipt this Period , , 500.00		
SUBTOTAL of Receipts This Page (optional).....			, , 1550.00		
TOTAL This Period (last page this line number only).....			, , 10600.00		

14020544769

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 16		
	<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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)
Stephen Shogan for Senate Committee

A. Full Name (Last, First, Middle Initial) Stephen Shogan		Date of Receipt M M D D Y Y 06 20 2014
Mailing Address 55 Charlou Circle		Transaction ID : SA13A.4346
City Englewood	State Zip Code CO 80111	
FEC ID number of contributing federal political committee. C c00556530		Amount of Each Receipt this Period 8000.00
Name of Employer Colorado Neurosurgery	Occupation physician	, , *
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 73000.00	

B. Full Name (Last, First, Middle Initial)		Date of Receipt M M
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		, , *
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

C. Full Name (Last, First, Middle Initial)		Date of Receipt M M / / Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		, , *
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	, , 8000.00
TOTAL This Period (last page this line number only).....	, , 8000.00

14020544770

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) A. Brandon Verdi		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period \$, , 2000.00 Transaction ID : SB17.4347
City	State Zip Code	
Purpose of Disbursement	Candidate Name	004 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Brandon Verdi		Date of Disbursement M M / D D / Y Y 06 / 20 / 2014
Mailing Address		Amount of Each Disbursement this Period \$, , 6000.00 Transaction ID : SB17.4349
City	State Zip Code	
Purpose of Disbursement	Candidate Name	004 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y
Mailing Address		Amount of Each Disbursement this Period \$, ,
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional)	\$, , 8000.00
TOTAL This Period (last page this line number only)	\$, , 8000.00

14020544771

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Stephen Shogan for Senate Committee** Transaction ID : **SC/10.4111**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Stephen Shogan
Mailing Address 55 Charlou Circle
Election: 2014
 Primary
 General
 Other (specify) ▼

City State ZIP Code
Englewood CO 80111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 ^M 29 ^D 2014	none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,

SUBTOTALS This Period This Page (optional)...	20000.00
TOTALS This Period (last page in this line only) ..	,

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1402054772

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4113

Stephen Shogan for Senate Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Stephen Shogan

Primary

Mailing Address
55 Charlou Circle

General

Other (specify) ▼

City State ZIP Code
Englewood CO 80111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M ⁰³ / D ²⁰ 2014	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,

SUBTOTALS This Period This Page (optional)..... ▶ , , 25000.00

TOTALS This Period (last page in this line only) .. ▶ , ,

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020544773

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4284

Stephen Shogan for Senate Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Stephen Shogan

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
55 Charlou Circle

City State ZIP Code
Englewood CO 80111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M ⁰⁴ D ¹⁶ / Y ²⁰¹⁴	M / D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,

SUBTOTALS This Period This Page (optional)...	50000.00
TOTALS This Period (last page in this line) ..	, ,

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

1402054477A

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Stephen Shogan for Senate Committee** Transaction ID : **SC/10.4285**

LOAN SOURCE Full Name (Last, First, Middle Initial) Stephen Shogan	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 55 Charlou Circle	

City	State	ZIP Code
Englewood	CO	80111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
M ⁰⁵ M	D ²¹ / Y ²⁰¹⁴	M M Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: ,
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,

SUBTOTALS This Period This Page (optional)...	15000.00
TOTALS This Period (last page in this line only) ..	,
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

14020544775

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4346

Stephen Shogan for Senate Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Stephen Shogan

Election: 2014

Primary

General

Other (specify) ▼

Mailing Address
55 Charlou Circle

City State ZIP Code
Englewood CO 80111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M ⁰⁶ / D ²⁰ / Y ²⁰¹⁴	M / D D Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

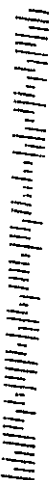
List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , ,

SUBTOTALS This Period This Page (optional).....	8000.00
TOTALS This Period (last page in this line only) ...	118000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020544776



Secretary of State
Office of Public Records
PO Box 77578
WASH DC 20013

SCREENED
BY THE SERVICE
POST OFFICE

1402054777

JANCY ERICKSON
SECRETARY

NA K. McCALLUM
SUPERINTENDENT
MAIL RATE OFFICE USE ONLY
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 7/14/14 _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

-
-
-
-

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

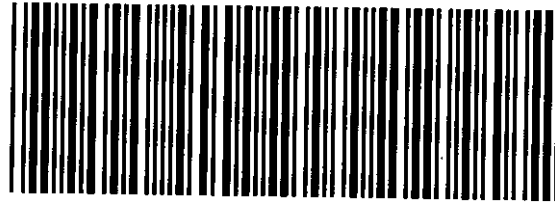
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

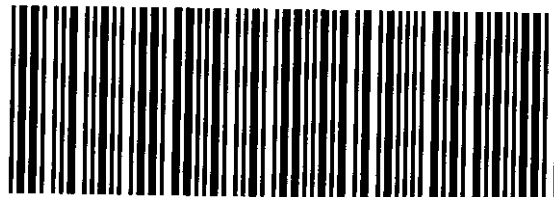
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 7/16/14

14020544779



SEN PATCH



SEN PATCH

14020544780