

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Pennsylvania Food PAC

ADDRESS (number and street)

11029 Mumma Rd.

Check if different than previously reported. (ACC)

Wormleysburg PA 17043

FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CC00345660

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 [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period

01 / 01 / 2014 through 03 / 31 / 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

David L. McCorkle

Signature of Treasurer

*David L. McCorkle*

Date

04 / 10 / 2014

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

Office Use Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*Pennsylvania Food PAC*

Report Covering the Period: From:

*01* ' *01* ' *2014*

To:

*03* ' *31* ' *2014*

14031212795

|                                                                                                          | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <i>2014</i>                                                            |                         | <i>2,433.84</i>                   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                | <i>2,433.84</i>         |                                   |
| (c) Total Receipts (from Line 19).....                                                                   | <i>0.00</i>             | <i>0.00</i>                       |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | <i>2,433.84</i>         | <i>2,433.84</i>                   |
| 7. Total Disbursements (from Line 31).....                                                               | <i>500.00</i>           | <i>500.00</i>                     |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | <i>1,933.84</i>         | <i>1,933.84</i>                   |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <i>0.00</i>             |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <i>0.00</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 Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*Pennsylvania Food PAC*

Report Covering the Period: From:

*01* ' *01* ' *2014*

To:

*03* ' *31* ' *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*

*0.00*

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*0.00*

*0.00*

14031212796

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

14031212797

|                                                                                                |        |        |
|------------------------------------------------------------------------------------------------|--------|--------|
| 21. Operating Expenditures:                                                                    |        |        |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |        |        |
| (i) Federal Share .....                                                                        | 0.00   | 0.00   |
| (ii) Non-Federal Share.....                                                                    | 0.00   | 0.00   |
| (b) Other Federal Operating Expenditures .....                                                 | 0.00   | 0.00   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00   | 0.00   |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00   | 0.00   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 500.00 | 500.00 |
| 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 .....                                                                  | 0.00   | 0.00   |
| 30. Federal Election Activity (2 U.S.C. §431(20))                                              |        |        |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |        |        |
| (i) Federal Share .....                                                                        | 0.00   | 0.00   |
| (ii) "Levin" Share.....                                                                        | 0.00   | 0.00   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00   | 0.00   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00   | 0.00   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 500.00 | 500.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 500.00 | 500.00 |

**DETAILED SUMMARY PAGE**  
of Disbursements

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|                                                                                      |      |      |
|--------------------------------------------------------------------------------------|------|------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0.00 | 0.00 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00 | 0.00 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0.00 | 0.00 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00 | 0.00 |

14031212798

**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 OF

|                              |                              |                              |                             |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |                             |

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)

*Pennsylvania Food PAC*

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_ *0.00*

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

\_\_\_\_\_ *0.00*

14031212799

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

|                                                                               |                                      |                                    |                                    |                                    |                                   |                                    |  |
|-------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    |                                    | PAGE                               |                                   | OF                                 |  |
|                                                                               | <input type="checkbox"/> 21b<br>27   | <input type="checkbox"/> 22<br>28a | <input type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>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)  
**Pennsylvania Food PAC**

|                                                                                                                                      |                    |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial)<br><b>Bill Shuster for Congress</b>                                                       |                    | Date of Disbursement<br><b>02 / 12 / 2014</b>                                                                             |
| Mailing Address<br><b>PO BOX 412</b>                                                                                                 |                    | Amount of Each Disbursement this Period<br><b>500.00</b>                                                                  |
| City<br><b>Harrisburg</b>                                                                                                            | State<br><b>PA</b> |                                                                                                                           |
| Zip Code<br><b>17108</b>                                                                                                             |                    | Category/<br>Type                                                                                                         |
| Purpose of Disbursement<br><b>Contribution</b>                                                                                       |                    |                                                                                                                           |
| Candidate Name                                                                                                                       |                    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    |                                                                                                                           |
| State:                                                                                                                               | District:          |                                                                                                                           |

|                                                                                                                                      |           |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| B. Full Name (Last, First, Middle Initial)                                                                                           |           | Date of Disbursement                                                                                                      |
| Mailing Address                                                                                                                      |           |                                                                                                                           |
| City                                                                                                                                 | State     | Amount of Each Disbursement this Period                                                                                   |
| Zip Code                                                                                                                             |           |                                                                                                                           |
| Purpose of Disbursement                                                                                                              |           | Category/<br>Type                                                                                                         |
| Candidate Name                                                                                                                       |           |                                                                                                                           |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:                                                                                                                               | District: |                                                                                                                           |

|                                                                                                                                      |           |                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------|
| C. Full Name (Last, First, Middle Initial)                                                                                           |           | Date of Disbursement                                                                                                      |
| Mailing Address                                                                                                                      |           |                                                                                                                           |
| City                                                                                                                                 | State     | Amount of Each Disbursement this Period                                                                                   |
| Zip Code                                                                                                                             |           |                                                                                                                           |
| Purpose of Disbursement                                                                                                              |           | Category/<br>Type                                                                                                         |
| Candidate Name                                                                                                                       |           |                                                                                                                           |
| Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |           | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |
| State:                                                                                                                               | District: |                                                                                                                           |

|                                                           |               |
|-----------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional).....▶      | <b>500.00</b> |
| TOTAL This Period (last page this line number only).....▶ | <b>500.00</b> |

14031212800

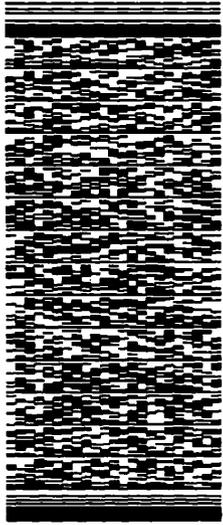
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WASHINGTON, DC 20463

Ref: ADMINISTRATION/JRH/PFMA  
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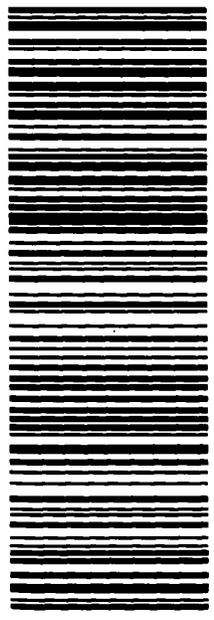
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14031212802

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| <input type="checkbox"/> Hand Delivered                                                 | Date of Receipt                                                |
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| <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): <b>fed Ex</b> | Shipping Date<br><b>4/11/14</b>                                |
|                                                                                         | 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                                  |

*la*  
 PREPARER  
 (8/2013)

**4/14/14**  
 DATE PREPARED