

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.

12FE4M5

American Pride PAC

ADDRESS (number and street)

PO Box 2719

☐ Check if different than previously reported. (ACC)

Washington

DC

20013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492124

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

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

Election on

11

04

2014

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

10

01

2014

through

10

15

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 Princella Smith

Signature of Treasurer

Princella Smith

[Electronically Filed]

Date

10

22

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

American Pride PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 01 2014

To:

 M M / D D / Y Y Y Y Y
 10 15 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		15.50
(b) Cash on Hand at Beginning of Reporting Period.....	15.50	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15.50	15.50
7. Total Disbursements (from Line 31)	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15.50	15.50
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)	11000.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Pride PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y Y
10		15		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

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

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 Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

0.00

0.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

0.00

0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTING

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4109

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTING

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTING

Mailing Address PO BOX 2719

City State

WASHINGTON

State

DC

Zip Code

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4117

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2000.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLCNature of Debt (Purpose):
FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLCNature of Debt (Purpose):
FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLCNature of Debt (Purpose):
FEC compliance consulting

Mailing Address PO BOX 2719

City

State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTING

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4138

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting Fees

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4144

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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PAGE 9 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4150

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4163

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4166

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

PAGE 10 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4168

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

PAGE 11 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4292

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4294

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4302

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4303

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►

11000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

11000.00