



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Family Policy PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="428.00"/>	<input type="text" value="428.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="428.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="428.00"/>	<input type="text" value="428.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="428.00"/>	<input type="text" value="428.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="3958.71"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Family Policy PAC

Report Covering the Period: From: MM / DD / YYYY 11 / 27 / 2018 To: MM / DD / YYYY 12 / 31 / 2018

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

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

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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	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 8
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Family Policy PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period 13.91	Transaction ID : SD10.4122	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 13.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period 74.15	Transaction ID : SD10.4123	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 74.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period 73.65	Transaction ID : SD10.4124	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 73.65

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	161.71
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 8
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Family Policy PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Legal fees
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="1592.50"/>	Transaction ID : SD10.4125	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1592.50"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Legal fees
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="1531.00"/>	Transaction ID : SD10.4126	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1531.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Bank fees
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period <input type="text" value="247.06"/>	Transaction ID : SD10.4127	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="247.06"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="3370.56"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 8
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Family Policy PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Wages
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4128	
410.34			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	410.34	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Family Policy Alliance</b>			Nature of Debt (Purpose): Office expense reimbursements
Mailing Address 8655 Explorer Drive			
City Colorado Springs	State CO	Zip Code 80920	

Outstanding Balance Beginning This Period		Transaction ID : SD10.4129	
16.10			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	16.10	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	426.44
2) TOTALS This Period (last page this line number only)..... ▶	3958.71
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) ▶	3958.71