

# 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  
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 801 G STREET NW  
Check if different than previously reported. (ACC) WASHINGTON DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00452383 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2014 through 09 / 30 / 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 Mr. Paul Tripodi

Signature of Treasurer Mr. Paul Tripodi [Electronically Filed] Date 10 / 17 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

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="2014"/>	<input type="text" value="73170.63"/>	<input type="text" value="73170.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="96515.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="49296.00"/>	<input type="text" value="133596.30"/>
(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="145811.21"/>	<input type="text" value="206766.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34820.00"/>	<input type="text" value="95775.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="110991.21"/>	<input type="text" value="110991.21"/>
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="0.00"/>	

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

Write or Type Committee Name

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

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

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).....	42145.00	97685.46
(ii) Unitemized .....	7151.00	35910.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49296.00	133596.30
(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) .....	49296.00	133596.30
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))..... ▶	49296.00	133596.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49296.00	133596.30

**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.....	29500.00	85455.72
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 .....	5320.00	10320.00
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)) ..	34820.00	95775.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34820.00	95775.72

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	49296.00	133596.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49296.00	133596.30
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 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 6 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. Robert Albee Jr.**

Mailing Address 1601 Manhasset Farm Rd

City Atlanta State GA Zip Code 30338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Info requested per best effort Info requested per best efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.23783**

Amount of Each Receipt this Period  
4999.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Phyllis Bigbee**

Mailing Address 1936 Myers Rd

City Broken Bow State NE Zip Code 68822-4214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  
09 / 17 / 2014  
**Transaction ID : SA11AI.23736**

Amount of Each Receipt this Period  
70.00

Full Name (Last, First, Middle Initial)  
**C. Nathan Rick Byrd**

Mailing Address 6145 Oakbury Ln

City Suwanee State GA Zip Code 30024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Info requested per best efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.23809**

Amount of Each Receipt this Period  
999.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6068.00

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

**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 7 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Timothy Chambers</b>		Date of Receipt
Mailing Address 325 Miller Rd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Smicksburg	PA	16256-5311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23766</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CRW Home Center	President	<input type="text" value="4000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mr. Timothy Chambers</b>		Date of Receipt
Mailing Address 325 Miller Rd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Smicksburg	PA	16256-5311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23769</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
CRW Home Center	President	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Arthur Todd Dexter</b>		Date of Receipt
Mailing Address 3705 Stonington Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Plano	TX	75093-7744
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23744</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Info requested per best effort	Info requested per best efforts	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="4800.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 8 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Mrs. Mary Alice Dunlap**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 506 Monterey Oaks Dr  
 City Richmond State TX Zip Code 77469-5786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jaimel Health Care Services Occupation Caregiver  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : SA11AI.23748**  
 Amount of Each Receipt this Period **1000.00**

**B. Mrs. Rebecca Dunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7501 N 21st St  
 City McAllen State TX Zip Code 78504-5650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Mission Church of Christ Occupation Office assistant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **310.00**

Date of Receipt **09 / 09 / 2014**  
**Transaction ID : SA11AI.23755**  
 Amount of Each Receipt this Period **55.00**

**C. Dean Forman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18505 Sierra Ranch Rd  
 City Meadow Vista State CA Zip Code 95722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Info requested per best effort Occupation Info requested per best efforts  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 23 / 2014**  
**Transaction ID : SA11AI.23847**  
 Amount of Each Receipt this Period **300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1355.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Mrs. Patricia Galloway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Bonnie View Dr  
 City Trumbull State CT Zip Code 06611-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer None Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23750**  
 Amount of Each Receipt this Period  
 300.00

**B. Mr. Larry Gladfelter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 Harmony Dr  
 City New Oxford State PA Zip Code 17350-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23742**  
 Amount of Each Receipt this Period  
 900.00

**C. Mrs. Lois Gladfelter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 Harmony Dr  
 City New Oxford State PA Zip Code 17350-8205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23743**  
 Amount of Each Receipt this Period  
 900.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Mr. Talbert Hughes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7224 Panorama Dr  
 City Derwood State MD Zip Code 20855-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Info requested per best effort Info requested per best efforts  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014  
**Transaction ID : SA11AI.23727**  
 Amount of Each Receipt this Period  
 25.00

**B. Mr. William Jernigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Turnberry Pl  
 City Shoal Creek State AL Zip Code 35242-5934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23746**  
 Amount of Each Receipt this Period  
 2500.00

**C. Mr. William Jernigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Turnberry Pl  
 City Shoal Creek State AL Zip Code 35242-5934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23759**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2725.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 11 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Dr. Roger Loven**  
Full Name (Last, First, Middle Initial)

Mailing Address 925 English Oak Dr

City Bismarck State ND Zip Code 58501-9333

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Alexius Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2014

**Transaction ID : SA11AI.23737**

Amount of Each Receipt this Period  
 50.00

**B. Ms. Susan Mason**  
Full Name (Last, First, Middle Initial)

Mailing Address 4561 Strutfield Ln Apt 3416

City Alexandria State VA Zip Code 22311-4982

FEC ID number of contributing federal political committee. **C**

Name of Employer US Dept of Energy Occupation Program Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : SA11AI.23837**

Amount of Each Receipt this Period  
 100.00

**C. Mrs. Connie McGraw**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Hillcrest Pl

City Midland State TX Zip Code 79707-5011

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : SA11AI.23726**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 12 OF 22
<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

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Scott McGraw**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Hillcrest Pl

City Midland State TX Zip Code 79707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Legacy Reserves Oil and gas production/sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : SA11AI.23756**

Amount of Each Receipt this Period  
5000.00

**B. Jana Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 6461 Kedleston Ct

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Info requested per best effort Info requested per best efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.23779**

Amount of Each Receipt this Period  
500.00

**C. Mr. William Mills**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 52592

City Lafayette State LA Zip Code 70505-2592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Info requested per best effort Info requested per best efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : SA11AI.23765**

Amount of Each Receipt this Period  
4999.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 10499.00

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

**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 13 OF 22
<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

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Dr. James Mischel Sr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3699

City Arlington	State WA	Zip Code 98223
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info requested per best effort	Occupation Info requested per best efforts
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.23776**

Amount of Each Receipt this Period  
199.00

**B. Dr. James Mischel Sr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3699

City Arlington	State WA	Zip Code 98223
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info requested per best effort	Occupation Info requested per best efforts
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
799.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.23850**

Amount of Each Receipt this Period  
500.00

**C. Jonathan Mount**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 W Dobson Rd #45

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Info requested per best effort	Occupation Info requested per best efforts
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11AI.23871**

Amount of Each Receipt this Period  
4999.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5698.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Jonathan Mount**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W Dobson Rd #45  
 City Chandler State AZ Zip Code 85224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Info requested per best effort  
 Occupation Info requested per best efforts  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5099.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23872**  
 Amount of Each Receipt this Period  
 100.00  
 Excessive contribution to be refunded

**B. George Nelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8  
 City Rising Fawn State GA Zip Code 30738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Info requested per best effort  
 Occupation Owner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23747**  
 Amount of Each Receipt this Period  
 1000.00

**C. Mr. Terrill Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Old Woodbine Rd NE  
 City Atlanta State GA Zip Code 30319-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Info requested per best effort  
 Occupation Attorney  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23752**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 22  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mr. Timothy Tynes**

Mailing Address 1745 42nd Sq  
 Apt 104

City Vero Beach State FL Zip Code 32960-0595

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Info requested per best effort Info requested per best efforts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11AI.23730**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Mr. Darrin Urbytes**

Mailing Address 618 Maple Crest Dr

City Frankenmuth State MI Zip Code 48734-9329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 UPS Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23749**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Darrin Urbytes**

Mailing Address 618 Maple Crest Dr

City Frankenmuth State MI Zip Code 48734-9329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 UPS Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11AI.23860**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1450.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 22  
(check only one)

<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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

**A. Mrs. Georgia Wiester**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7760 Santa Rosa Rd  
City Buellton State CA Zip Code 93427-9421  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 02 / 2014  
**Transaction ID : SA11AI.23729**  
Amount of Each Receipt this Period  
200.00

**B.**  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	42145.00



**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

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NAME OF COMMITTEE (In Full)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BENISHEK FOR CONGRESS**

Mailing Address 802 Pentoga Trail

City State Zip Code  
Crystal Falls MI 49920

Purpose of Disbursement  
Contribution

011

Candidate Name

**DANIEL J BENISHEK**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : SB23.23687

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. CAM CAVASSO FOR U S SENATE**

Mailing Address 41-530 WAIKUPANAHA STREET

City State Zip Code  
WAIMANALO HI 96795

Purpose of Disbursement  
Contribution

011

Candidate Name

**CAMPBELL CAVASSO**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB23.23690

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CLINT DIDIER FOR CONGRESS**

Mailing Address PO BOX 157

City State Zip Code  
ELTOPIA WA 99301

Purpose of Disbursement  
Contribution

011

Candidate Name

**CLINT DIDIER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : SB23.23699

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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 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)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOSEPH R PITTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	4

**Transaction ID : SB23.23722**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. LOUIE GOHMERT FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 8060

City TYLER State TX Zip Code 75711

Purpose of Disbursement  
Contribution

011

Candidate Name

**LOUIE GOHMERT**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

**Transaction ID : SB23.23686**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. MARILINDA GARCIA FOR CONGRESS**

Mailing Address PO BOX 821

City SALEM State NH Zip Code 03079

Purpose of Disbursement  
Contribution

011

Candidate Name

**MARILINDA GARCIA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	4

**Transaction ID : SB23.23701**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

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

8	5	0	0	.	0	0
---	---	---	---	---	---	---

**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

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NAME OF COMMITTEE (In Full)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MCSALLY FOR CONGRESS**

Mailing Address PO BOX 18612

City TUCSON State AZ Zip Code 85731

Purpose of Disbursement  
Contribution

011

Candidate Name

**MARTHA E MCSALLY**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

**Transaction ID : SB23.23708**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. PAT ROBERTS FOR US SENATE INC**

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
Contribution

011

Candidate Name

**PAT ROBERTS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : SB23.23721**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

City LYNN HAVEN State FL Zip Code 32444

Purpose of Disbursement  
Contribution

011

Candidate Name

**WILLIAM STEVE II SOUTHERLAND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB23.23706**

Amount of Each Disbursement this Period

5000.00

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

10000.00

**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 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)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SULLIVAN FOR US SENATE**

Mailing Address 3705 ARCTIC BLVD #447

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
Contribution

011

Candidate Name

**DAN SULLIVAN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

**Transaction ID : SB23.23718**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SUZANNE SCHOLTE FOR CONGRESS**

Mailing Address 6312 SEVEN CORNERS CENTER #167

City FALLS CHURCH State VA Zip Code 22044

Purpose of Disbursement  
Contribution

011

Candidate Name

**SUZANNE SCHOLTE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2014

**Transaction ID : SB23.23702**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. TERRI LYNN LAND FOR SENATE**

Mailing Address PO BOX 308

City GRANDVILLE State MI Zip Code 49418

Purpose of Disbursement  
Contribution

011

Candidate Name

**TERRI LYNN LAND**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

**Transaction ID : SB23.23715**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00
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**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

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NAME OF COMMITTEE (In Full)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. THOM TILLIS COMMITTEE**

Mailing Address PO BOX 97396

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011

Candidate Name

**THOM R TILLIS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : SB23.23700**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. YOUNG FOR IOWA, INC.**

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement  
Contribution

011

Candidate Name

**DAVID YOUNG**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

**Transaction ID : SB23.23713**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

29500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Maine Values Voter PAC**

Mailing Address P.O. Box 175

City Augusta State ME Zip Code 04332

Purpose of Disbursement  
Nonfederal contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SB29.23707

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. VanDyke for Supreme Court**

Mailing Address P.O.Box 1538

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Nonfederal contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

Transaction ID : SB29.23710

Amount of Each Disbursement this Period

320.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

5320.00

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

5320.00