

**FEC  
FORM 3X**

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

RECEIVED

2014 OCT 16 AM 11:12

Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

FEMINIST MAJORITY PAC

ADDRESS (number and street)

1600 WILSON BLVD.

SUITE 801

ARLINGTON

VA

22209

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00377168

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

MM / DD /

YY

in the State of

State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD /

YY

in the State of

5. Covering Period

07

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

ELEANOR SMEAL, ASSISTANT TREASURER

Signature of Treasurer

Eleanor Smeal

Date

10

15

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

FEMINIST MAJORITY PAC

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>		<u>10,051.19</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>10,710.93</u>	
(c) Total Receipts (from Line 19).....	<u>13,453.07</u>	<u>21,404.07</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>24,164.00</u>	<u>31,455.26</u>
7. Total Disbursements (from Line 31).....	<u>10,682.84</u>	<u>17,974.10</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>13,481.16</u>	<u>13,481.16</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	



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

**FEMINIST MAJORITY PAC**

Report Covering the Period:

From:

09' 01' 2014

To:

09' 30' 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).....

6,370.00

11,370.00

(ii) Unitemized.....

7,083.07

1,0034.07

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

13,453.07

21,404.07

(b) Political Party Committees.....

0

0

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

0

0

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

13,453.07

21,404.07

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

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

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

0

0

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

0

0

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

0

0

18. Transfers from Non-Federal and Levin Funds

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

0

0

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

0

0

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

0

0

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

13,453.07

21,404.07

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

13,453.07

21,404.07

**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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	7,032.84	7,886.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	7,032.84	7,886.70
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3,650.00	10,087.40
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10,682.84	17,974.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,682.84	17,974.10

2001-11-11 11:11:11



**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 14

<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			

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)

**FEMINIST MAJORITY PAC**

A. Full Name (Last, First, Middle Initial) <b>BAKER, VIRGINIA</b>		Date of Receipt <b>07 / 22 / 2014</b>
Mailing Address <b>1716 BATH ST, # 3</b>		Amount of Each Receipt this Period <b>270.00</b>
City <b>SANTA BARBARA, CA</b>	State Zip Code <b>93103</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>270.00</b>
Name of Employer <b>NIA - NONE</b>	Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) <b>KYLE, JEAN</b>		Date of Receipt <b>08 / 12 / 2014</b>
Mailing Address <b>363 COCKLE PLACE S.W.</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>OCEAN SHORES, WA</b>	State Zip Code <b>98569</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>300.00</b>
Name of Employer <b>NIA - NONE</b>	Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) <b>MEISLIN, BARBARA</b>		Date of Receipt <b>07 / 31 / 2014</b>
Mailing Address <b>P.O. BOX 1277</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>TIBURON, CA</b>	State Zip Code <b>94920</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>250.00</b>
Name of Employer <b>SELF</b>	Occupation <b>AUTHOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>820.00</b>
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 <u>7</u> OF <u>14</u>	
	(check only one)	
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**FEMINIST MAJORITY PAC**

Full Name (Last, First, Middle Initial) <b>A. PELLEGRINO, LENIN</b>		Date of Receipt <b>07/29/2014</b>
Mailing Address <b>2550 N. HANSTED ST., # 2</b>		Amount of Each Receipt this Period <b>300.00</b>
City <b>CHICAGO</b>	State Zip Code <b>IL 60617</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>300.00</b>
Name of Employer <b>RETIRED</b>	Occupation <b>MD</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer <b>RETIRED</b>		

Full Name (Last, First, Middle Initial) <b>B. SAMPSON, JEAN</b>		Date of Receipt <b>08/01/2014</b>
Mailing Address <b>744 OAK STREET</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>WINNETKA</b>	State Zip Code <b>IL 60093</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>250.00</b>
Name of Employer <b>SELF - N/A</b>	Occupation <b>HOMEMAKER</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer <b>SELF - N/A</b>		

Full Name (Last, First, Middle Initial) <b>C. YORKIN, PEG</b>		Date of Receipt <b>07/01/2014</b>
Mailing Address <b>21348 PACIFIC COAST HWY</b>		Amount of Each Receipt this Period <b>5000.00</b>
City <b>MALIBU</b>	State Zip Code <b>CA 90265</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>5000.00</b>
Name of Employer <b>N/A</b>	Occupation <b>RETIRED</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer <b>N/A</b>		

SUBTOTAL of Receipts This Page (optional).....	<b>5550.00</b>
TOTAL This Period (last page this line number only).....	<b>6370.00</b>

2014-11-11 11:11:11





**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)

PAGE 9 OF 14

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. USPS

Date of Disbursement

07/02/2014

Mailing Address

City

State

Zip Code

Purpose of Disbursement

POSTAGE FOR MAILING SOLICITATION

003

Amount of Each Disbursement this Period

1,183.88

Candidate Name

N/A

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. WASHINGTON INTELLIGENCE BUREAU

Date of Disbursement

07/02/2014

Mailing Address

4128 PEPSI PLACE

City

State

Zip Code

CHANTAW VA 20151

Purpose of Disbursement

POSTAGE FOR MAILING SOLICITATION

003

Amount of Each Disbursement this Period

1,630.25

Candidate Name

N/A

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. INDEPENDANT PRINTING

Date of Disbursement

08/06/2014

Mailing Address

8735 BOLLMAN PLACE

City

State

Zip Code

SAVAGE MD 20763

Purpose of Disbursement

PRINTING SOLICITATION LETTER

003

Amount of Each Disbursement this Period

790.00

Candidate Name

N/A

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

3,604.13

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

3,604.13

**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)		PAGE <u>10</u> OF <u>14</u>								
	<input checked="" 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 type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<u>A. BANK OF AMERICA MERCHANT SRVCS</u>		<u>07' 01' 2014</u>	
Mailing Address <u>PO BOX 2485</u>		Amount of Each Disbursement this Period	
City <u>SPokane</u> State _____ Zip Code _____		<u>25.00</u>	
Purpose of Disbursement <u>CREDIT CARD FEES</u>		Category/Type <u>6.03</u>	
Candidate Name <u>NIA</u>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<u>B. PAY PAL INC.</u>		<u>07' 03' 2014</u>	
Mailing Address <u>4100 SOLUTIONS CENTER</u>		Amount of Each Disbursement this Period	
City <u>CHICAGO, IL</u> State _____ Zip Code <u>60677</u>		<u>54.70</u>	
Purpose of Disbursement <u>MO. PROCESSING FEE</u>		Category/Type <u>0.03</u>	
Candidate Name <u>NIA</u>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<u>C. BANK OF AMERICA</u>		<u>07' 01' 2014</u>	
Mailing Address <u>PO BOX 830175</u>		Amount of Each Disbursement this Period	
City <u>DALLAS TX</u> State _____ Zip Code <u>75283</u>		<u>52.98</u>	
Purpose of Disbursement <u>BANK SERVICE CHARGE</u>		Category/Type <u>0.03</u>	
Candidate Name <u>NIA</u>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional).....▶	<u>132.08</u>
TOTAL This Period (last page this line number only).....▶	

NON-FINANCIAL

**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)								PAGE 11 OF 14
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b			

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NAME OF COMMITTEE (In Full)  
**FEMINIST MAJORITY PAC**

**A. BANK OF AMERICA MERCHANT SVCS**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 2485**

City: **SPOKANE** State Zip Code

Purpose of Disbursement: **CREDIT CARD FEES**

Candidate Name: **NIA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **08/01/2014**

Amount of Each Disbursement this Period: **25.00**

Category/Type: **003**

**B. PAY PAL INC**

Full Name (Last, First, Middle Initial)

Mailing Address: **4100 SOLUTIONS CENTER**

City: **CHICAGO, IL** State Zip Code: **60677**

Purpose of Disbursement: **MO. PROCESSING FEE**

Candidate Name: **NIA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **08/03/2014**

Amount of Each Disbursement this Period: **5470**

Category/Type: **003**

**C. BANK OF AMERICA**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO BOX 830175**

City: **DALLAS TX** State Zip Code: **75283**

Purpose of Disbursement: **BANK SERVICE CHARGE**

Candidate Name: **NIA**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **08/15/2014**

Amount of Each Disbursement this Period: **8810**

Category/Type: **003**

**SUBTOTAL** of Disbursements This Page (optional).....▶ **16720**

**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)

PAGE 12 OF 14

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
FEMINIST MAJORITY PAC

**A.** Full Name (Last, First, Middle Initial)  
WASHINGTON INTELLIGENCE BUREAU

Mailing Address  
4128 Pepsi PLACE

City CHANTALLY, VA State VA Zip Code 22209

Purpose of Disbursement  
MAILHOUSE FOR APPEAL SOLICITATION

Candidate Name  
N/A

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
08/06/2014

Amount of Each Disbursement this Period  
927.63

Category/Type  
003

**B.** Full Name (Last, First, Middle Initial)  
PAY PAL INC

Mailing Address  
4100 SOLUTIONS CENTER

City CHICAGO, IL State IL Zip Code 60677

Purpose of Disbursement  
MO. PROCESSING FEE

Candidate Name  
N/A

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
09/03/2014

Amount of Each Disbursement this Period  
54.10

Category/Type  
003

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

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ 981.73

TOTAL This Period (last page this line number only).....▶ 7030.14

**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)						PAGE 12 OF 14				
	<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

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NAME OF COMMITTEE (In Full)  
**FEMINIST MAJORITY PAC**

**A.** Full Name (Last, First, Middle Initial)  
**ALASKANS FOR BEGICH 2014**

Date of Disbursement: **07' 09' 2014**

Mailing Address: **303 MASSACHUSETTS AVE, NE**

City: **WASHINGTON** State: **DC** Zip Code: **20002**

Purpose of Disbursement: **CONTRIBUTION** Category/Type: **011**

Candidate Name: **MARK BEGICH** Amount of Each Disbursement this Period: **1,000.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **AK** District:

**B.** Full Name (Last, First, Middle Initial)  
**ALISON FOR KENTUCKY**

Date of Disbursement: **09' 24' 2014**

Mailing Address: **P.O. BOX 1867**

City: **LEXINGTON, KY** State: **KY** Zip Code: **40588**

Purpose of Disbursement: **CONTRIBUTION** Category/Type: **011**

Candidate Name: **ALISON LUNDERGAN GRIMES** Amount of Each Disbursement this Period: **1,000.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **KY** District:

**C.** Full Name (Last, First, Middle Initial)  
**AIMEE BELGARD FOR CONGRESS**

Date of Disbursement: **09' 24' 2014**

Mailing Address: **P.O. BOX 35**

City: **WILLINGBORO** State: **NJ** Zip Code: **08046**

Purpose of Disbursement: **CONTRIBUTION** Category/Type: **011**

Candidate Name: **AIMEE BELGARD** Amount of Each Disbursement this Period: **500.00**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) **NJ** District: **03**

**SUBTOTAL** of Disbursements This Page (optional)..... **2,500.00**

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

15001-101-1-0001

**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)

PAGE 14 OF 14

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NAME OF COMMITTEE (In Full)  
**FEMINIST MAJORITY PAC**

**A.**

Full Name (Last, First, Middle Initial)  
**KULSTER FOR CONGRESS**

Date of Disbursement  
**09' 29' 2014**

Mailing Address  
**P.O. BOX 1498**

City  
**CONCORD** State  
**NH** Zip Code  
**03302**

Purpose of Disbursement  
**CONTRIBUTION** Amount of Each Disbursement this Period  
**0.11** **1000.00**

Candidate Name  
**ANN MCLANE KULSTER** Category/Type

Office Sought:  House Disbursement For:  Primary  General  
 Senate  Other (specify)  President

State: **NH** District: **2**

**B.**

Full Name (Last, First, Middle Initial)  
**WOMEN'S CAMPAIGN FUND PAC**

Date of Disbursement  
**08' 06' 2014**

Mailing Address  
**1900 K ST., NW, #500**

City  
**WASHINGTON** State  
**DC** Zip Code  
**20036**

Purpose of Disbursement  
**CONTRIBUTION** Amount of Each Disbursement this Period  
**0.11** **150.00**

Candidate Name  
**N/A** Category/Type

Office Sought:  House Disbursement For:  Primary  General  
 Senate  Other (specify)  President

State: District:

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/Type

Office Sought:  House Disbursement For:  Primary  General  
 Senate  Other (specify)  President

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... **1,150.00**

**TOTAL** This Period (last page this line number only)..... **3,650.00**

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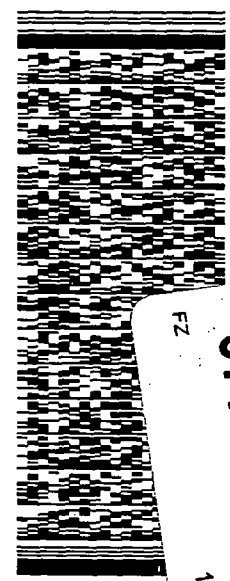
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