

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.

People For the American Way Voters Alliance

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 / / 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 / / through / /

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 Marge Baker

Signature of Treasurer Marge Baker [Electronically Filed] Date / /

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)

Write or Type Committee Name

People For the American Way Voters Alliance

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="4360.54"/>	<input type="text" value="4360.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="31933.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="185.00"/>	<input type="text" value="36593.34"/>
(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="32118.74"/>	<input type="text" value="40953.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31500.14"/>	<input type="text" value="40335.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="618.60"/>	<input type="text" value="618.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

People For the American Way Voters Alliance

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).....	0.00	11805.00
(ii) Unitemized	185.00	24788.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	185.00	36593.34
(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)	185.00	36593.34
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))..... ▶	185.00	36593.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	185.00	36593.34

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	750.14	2585.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	750.14	2585.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30750.00	37750.00
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)) ..	31500.14	40335.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31500.14	40335.28

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)	185.00	36593.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	185.00	36593.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	750.14	2585.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	750.14	2585.28

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101

Purpose of Disbursement
credit card transaction fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.6400

Amount of Each Disbursement this Period

106.44

Full Name (Last, First, Middle Initial)

B. Global Pay

Mailing Address 10705 Red Run Blvd.

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
electronic transaction fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : SB21B.6398

Amount of Each Disbursement this Period

164.42

Full Name (Last, First, Middle Initial)

C. People For the American Way

Mailing Address 1101 15th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
fees for email list

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.6395

Amount of Each Disbursement this Period

126.32

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

397.18

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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. People For the American Way

Mailing Address 1101 15th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
reimbursement for staff time Carlos Sanchez

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6396

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. People For the American Way

Mailing Address 1101 15th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
travel expenses for board member

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.6397

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)
People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. AL FRANKEN FOR SENATE 2014

Mailing Address PO BOX 583144

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement
campaign contribution

011

Candidate Name
AL FRANKEN FOR SENATE 2014

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : **SB23.6356**

Amount of Each Disbursement this Period

1750.00

Full Name (Last, First, Middle Initial)

B. APPEL FOR IOWA, INC.

Mailing Address PO BOX 702

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement
campaign contribution

011

Candidate Name
APPEL FOR IOWA, INC.

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : **SB23.6345**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BELLOWS, SHENNA

Mailing Address 33 KERNS HILL ROAD

City MANCHESTER State ME Zip Code 04351

Purpose of Disbursement
campaign contribution

011

Candidate Name
BELLOWS FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : **SB23.6389**

Amount of Each Disbursement this Period

1000.00

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

3750.00

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)
People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
campaign contribution

011

Candidate Name

BRALEY FOR IOWA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : **SB23.6343**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. CAIN FOR CONGRESS

Mailing Address P.O. BOX 1523

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
campaign contribution

011

Candidate Name

CAIN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : **SB23.6354**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT MARTHA ROBERTSON

Mailing Address PO BOX 54

City DRYDEN State NY Zip Code 13053

Purpose of Disbursement
campaign contribution

011

Candidate Name

COMMITTEE TO ELECT MARTHA ROBERTSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : **SB23.6365**

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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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)

People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. JEFF MERKLEY FOR OREGON

Mailing Address PO BOX 14172

City PORTLAND State OR Zip Code 97293

Purpose of Disbursement
campaign contribution

011

Candidate Name

JEFF MERKLEY FOR OREGON

Category/
Type

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.6358

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JOHN FOUST FOR CONGRESS

Mailing Address PO BOX 962

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
campaign contribution

011

Candidate Name

JOHN FOUST FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : SB23.6377

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. KELLY WESTLUND FOR CONGRESS

Mailing Address 501 11TH AVENUE EAST
PO BOX 1013

City ASHLAND State WI Zip Code 54806

Purpose of Disbursement
campaign contribution

011

Candidate Name

KELLY WESTLUND FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB23.6337

Amount of Each Disbursement this Period

500.00

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

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

3000.00

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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)
People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. MIKE HONDA FOR CONGRESS

Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC
123 E. SAN CARLOS ST., #531

City SAN JOSE State CA Zip Code 95112

Purpose of Disbursement
campaign contribution

011

Candidate Name

MIKE HONDA FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 17

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : **SB23.6341**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE

Mailing Address PO BOX 1041

City BRAINERD State MN Zip Code 56401

Purpose of Disbursement
campaign contribution

011

Candidate Name

NOLAN FOR CONGRESS VOLUNTEER COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : **SB23.6373**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PAT MURPHY FOR IOWA

Mailing Address PO BOX 692

City DUBUQUE State IA Zip Code 52004

Purpose of Disbursement
campaign contribution

011

Candidate Name

PAT MURPHY FOR IOWA

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : **SB23.6370**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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)
People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR RICK WEILAND

Mailing Address PO BOX 1488

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
campaign contribution

011

Candidate Name

PEOPLE FOR RICK WEILAND

Category/
Type

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : **SB23.6362**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City SAN BERNADINO State CA Zip Code 92423

Purpose of Disbursement
campaign contribution

011

Candidate Name

PETE AGUILAR FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : **SB23.6348**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PETERS FOR MICHIGAN

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement
campaign contribution

011

Candidate Name

GARY PETERS

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : **SB23.6393**

Amount of Each Disbursement this Period

3000.00

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

8500.00

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

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)
People For the American Way Voters Alliance

Full Name (Last, First, Middle Initial)

A. JEANNE SHAHEEN

Mailing Address 73 PERKINS RD

City MADBURY State NH Zip Code 03823

Purpose of Disbursement
campaign contribution

011

Candidate Name

JEANNE SHAHEEN

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SB23.6367

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. UDALL FOR COLORADO

Mailing Address PO BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement
campaign contribution

011

Candidate Name

MARK E UDALL

Category/
Type

Office Sought: House
 Senate
 President
State: CO District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SB23.6383

Amount of Each Disbursement this Period

3000.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

6000.00

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

30750.00