

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF STATE PUBLIC JUN 26 PM 3:22

Office Use Only 12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

Crow For US Senate

ADDRESS (number and street)

PO Box 825

Check if different than previously reported. (ACC)

Chickasha OK 73023-0825

2. FEC IDENTIFICATION NUMBER

C464995683

CITY STATE ZIP CODE STATE DISTRICT IS THIS REPORT NEW OR AMENDED

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)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

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

Election on 6/24/2014 in the State of OK

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

04/01/2014 through 06/04/2014

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 Jimmie Kreizenbeck

Signature of Treasurer Jimmie Kreizenbeck Date 06/27/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns and 1 row for Office Use Only

FEC FORM 3 (Revised 02/2003)

14020440006

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Crow For US Senate

Report Covering the Period: From:

MM ' **DD** ' **YYYY**
04 ' *01* ' *2014*

To:

MM ' **DD** ' **YYYY**
06 ' *04* ' *2014*

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e)) ..

29,000.00

49,010.00

(b) Total Contribution Refunds
(from Line 20(d)) ..

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)) ..

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

35,229.77

35,229.77

(b) Total Offsets to Operating
Expenditures (from Line 14) ..

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)) ..

8. Cash on Hand at Close of
Reporting Period (from Line 27) ..

13,780.30

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D) ..

00,000.00

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D) ..

00,000.00

For further information contact:

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

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

14020440007

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Crow For US Senate

Report Covering the Period: From:

04 / **01** / **2014**

To:

06 / **04** / **2014**

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

2900.00

4901.00

(ii) Unitemized

(iii) TOTAL of contributions from individuals .

2900.00

4901.00

(b) Political Party Committees...

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

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

2900.00

4901.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

13. LOANS:

(a) Made or Guaranteed by the Candidate...

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

2900.00

4901.00

14020440008

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES...	35,229.7	35,229.7
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	35,229.7	35,229.7

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	20,010.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	29,000.00
25. SUBTOTAL (add Line 23 and Line 24)...	49,010.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	35,229.7
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	13,780.3

1402040009

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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)
Crow For US Senate

A. Full Name (Last, First, Middle Initial)
Carrie Crow

Mailing Address
246 Summit

City
Collierville, TN State Zip Code
38017

FEC ID number of contributing federal political committee.
C

Name of Employer
Housewife Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000

Date of Receipt
04 / 01 / 2014

Amount of Each Receipt this Period
10000

B. Full Name (Last, First, Middle Initial)
JT Whatley

Mailing Address
RT 1, Box 126

City
Duncan State Zip Code
OK 73533

FEC ID number of contributing federal political committee.
C

Name of Employer
Retired Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
150.00

Date of Receipt
04 / 30 / 2014

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
The Dan Hanson Trust

Mailing Address
7 Misty Glen

City
Chickasha State Zip Code
OK 73019

FEC ID number of contributing federal political committee.
C

Name of Employer
USAO Occupation
Professor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50000

Date of Receipt
04 / 30 / 2014

Amount of Each Receipt this Period
50000

SUBTOTAL of Receipts This Page (optional).....

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

14020440010

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Crow For US Senate

A. Full Name (Last, First, Middle Initial)
Daniel Gargola

Mailing Address
628 Kastle Rd.

City
Lexington State
KY Zip Code
40502

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
Professor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100000

Date of Receipt
04 / 30 / 2014

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Thomas Gibson

Mailing Address
10033 S Linn

City
Oklahoma City State
OK Zip Code
73159

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
Machinist

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
50000

Date of Receipt
05 / 30 / 2014

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RB Elliott

Mailing Address
9901 Brockin

City
Sherwood State
AR Zip Code
72120

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
Database Tech

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
20000

Date of Receipt
05 / 30 / 2014

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020440011

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d		
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Crow For US Senate

A. Full Name (Last, First, Middle Initial)
Douglas Weiss

Mailing Address
1394 Big Rock

City **Los Alamos** State **NM** Zip Code **87544**

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

Name of Employer **Unknown** Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **10000**

Date of Receipt **05 / 30 / 2014**

Amount of Each Receipt this Period **10000**

B. Full Name (Last, First, Middle Initial)
Mark Irwin

Mailing Address
16605 W Phil

City **Lahoma** State **OK** Zip Code **73754**

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

Name of Employer Occupation **Unknown**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **25000**

Date of Receipt **06 / 02 / 2014**

Amount of Each Receipt this Period **25000**

C. Full Name (Last, First, Middle Initial)
Fred Imel

Mailing Address
1010 Montreal

City **Yukon** State **OK** Zip Code **73099**

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

Name of Employer Occupation **Unknown**

Receipt For: Primary General Other (specify)

Election Cycle-to-Date **10000**

Date of Receipt **06 / 04 / 2014**

Amount of Each Receipt this Period **10000**

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020440012

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Crow For US Senate

Full Name (Last, First, Middle Initial)

A. *Muskogee County Republican*

Mailing Address

PO Box 2278

City

Muskogee

State

OK

Zip Code

74402

Purpose of Disbursement

Political Event

Candidate Name

Kevin Crow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *OK* District:

Date of Disbursement

04 / 14 / 2014

Amount of Each Disbursement this Period

85.00

Full Name (Last, First, Middle Initial)

B. *Secretary of the State Election Board*

Mailing Address

PO Box 53156

City

Oklahoma City

State

OK

Zip Code

73152

Purpose of Disbursement

Filing Fee

Candidate Name

Kevin Crow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *OK* District:

Date of Disbursement

04 / 08 / 2014

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. *Ismael Lawrence*

Mailing Address

PO Box 623

City

Rush Springs

State

OK

Zip Code

73082

Purpose of Disbursement

Video

Candidate Name

Kevin Crow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *OK* District:

Date of Disbursement

04 / 14 / 2014

Amount of Each Disbursement this Period

15.00

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

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

.....

.....

14020440013

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Crow For US Senate

Full Name (Last, First, Middle Initial)

A. Beth Powell

Mailing Address

716 Hunt Club Rd

City

Blanchard

State

OK

Zip Code

73010

Purpose of Disbursement

Shirts

Candidate Name

Kevin Crow

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OK

District:

Date of Disbursement

09 / 02 / 2014

Amount of Each Disbursement this Period

803.79

Full Name (Last, First, Middle Initial)

B. AJ Ferguson

Mailing Address

2216 W Utah #2219

City

Chickasha

State

OK

Zip Code

73019

Purpose of Disbursement

Signs

Candidate Name

Kevin Crow

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OK

District:

Date of Disbursement

09 / 09 / 2014

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

C. Chad Slane

Mailing Address

421 S Hoff

City

El Reno

State

OK

Zip Code

Purpose of Disbursement

Signs

Candidate Name

Kevin Crow

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OK

District:

Date of Disbursement

09 / 17 / 2014

Amount of Each Disbursement this Period

1523.9

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

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

.....

.....

14020440014

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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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)

Crow For US Senate

Full Name (Last, First, Middle Initial)

A. Stephens County GOP

Mailing Address

1618 W Jones Ave

City

Duncan

State

OK

Zip Code

73833

Purpose of Disbursement

Political Event

Candidate Name

Kevin Crow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OK

District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2014

Amount of Each Disbursement this Period

55000

Full Name (Last, First, Middle Initial)

B. My Campaign Store

Mailing Address

304 Whittington Pkwy #201

City

Louisville

State

KY

Zip Code

40222

Purpose of Disbursement

Signs

Candidate Name

Kevin Crow

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: OK

District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2014

Amount of Each Disbursement this Period

70679

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

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).....

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

14020440015

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
Crow For US Senate		From:		To:		
		04	01	2014	06	04
Committee Name					(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A					2900.00	0
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributor	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	2900.00	0	0	0
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	6	2900.00	3522.97	0
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligator Owed TO the Committee
A	0	0	3522.97	2001.00	1378.03	0
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	2900.00	3522.97			
B						

14020440016

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	---------------------------------	---	--

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)...	<input type="text"/>
TOTALS This Period (last page in this line only) ..	<input type="text" value="00000"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14020440017

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)	
Mailing Address	Date Incurred or Established	Date Due	
City State Zip Code			

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Location of account: _____
 Address: _____
 Date account established:
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
 Typed Name _____
 Signature _____
 DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	DATE <input type="text"/>
Title _____	

14020440018

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

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

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

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

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

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

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

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

14020440019

EXTREMELY URGENT

Please Rush To Addressee

PLEASE PRESS FIRMLY



UNITED STATES POSTAL SERVICE

Schedule package pickup right from your home or office at usps.com/pickup
Print postage online



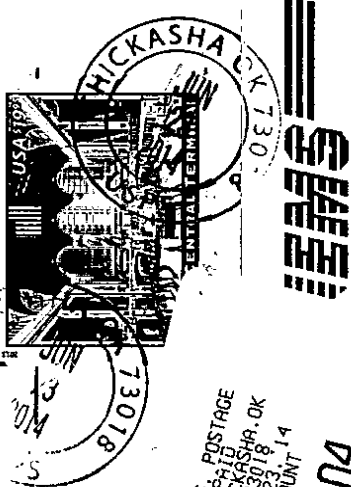
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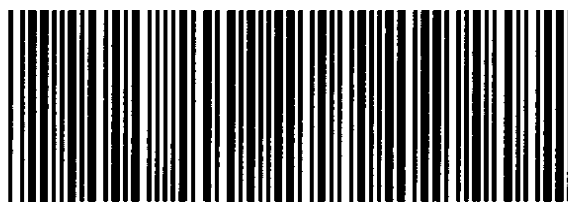
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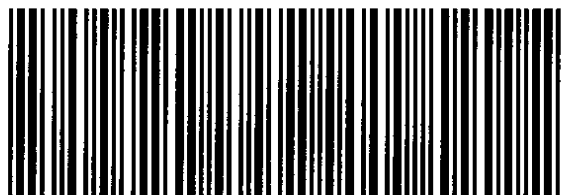
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