

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation COMMON SENSE ISSUES INC		3. FEC Identification Number C C90009739
(b) Address (number and street) ☐ check if different than previously reported 8190-A BEECHMONT AVENUE - 103		
(c) City, State and ZIP Code CINCINNATI OH 45255		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
0	7

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
0	7

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

2097.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Patrick Davis

07/20/2010

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

A. Form/Schedule : **F5N**
Transaction ID :

Please note that the independent expenditures disclosed on this report were paid for from general treasury funds and no contributions were made for the purpose of furthering these expenditures.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

COMMON SENSE ISSUES INC

Full Name (Last, First, Middle Initial) of Payee
ccAdvertising

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	0

Mailing Address

13800 Coppermine Rd, Suite 300

Amount

212.00

City

Herndon

State

VA

Zip Code

20171

Purpose of Expenditure

Phone Campaign: Polling/Voter ID

Category/
Type

Office Sought:

☒

House

State: KS

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WINK HARTMAN

Calendar Year-To-Date Per Election
for Office Sought

594.17

Disbursement For:
2010☒

Primary

☐

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Design 4 Marketing and Communications

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	0

Mailing Address

106 N Collins St

Amount

1885.00

City

Plant City

State

FL

Zip Code

22563

Purpose of Expenditure

Radio Ad - Production

Category/
Type

Office Sought:

☒

House

State: KS

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

WINK HARTMAN

Calendar Year-To-Date Per Election
for Office Sought

69310.00

Disbursement For:
2010☒

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

2097.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

2097.00