

**FEC
FORM 3X**

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

RECEIVED
2014 JUL 21 AM 11:19
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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

HEARTLAND RESURGENCE

ADDRESS (number and street)

6614 CLAYTON RD
No. 143
ST. LOUIS MO 63117

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00544551

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

Election on

MM / DD / YYYY

in the State of

XX

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

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

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY
04 / 01 / 2014

through

MM / DD / YYYY
06 / 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

ARON M. WILLARD

Signature of Treasurer

Aron M. Willard

Date

MM / DD / YYYY
07 / 14 / 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

Report Covering the Period: From:

MM	DD	YYYY
04	01	2014

 To:

MM	DD	YYYY
06	30	2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>2014</td></tr></table>	YYYY	2014	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>	
YYYY						
2014						
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">3,189.⁶³</td></tr></table>	3,189. ⁶³	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>			
3,189. ⁶³						
(c) Total Receipts (from Line 19).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.-</td></tr></table>	0.-	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">10,200.-</td></tr></table>	10,200.-		
0.-						
10,200.-						
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">3,189.⁶³</td></tr></table>	3,189. ⁶³	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">10,200.-</td></tr></table>	10,200.-		
3,189. ⁶³						
10,200.-						
7. Total Disbursements (from Line 31).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">150.-</td></tr></table>	150.-	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">7,160.³⁷</td></tr></table>	7,160. ³⁷		
150.-						
7,160. ³⁷						
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">3,039.⁶³</td></tr></table>	3,039. ⁶³	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">3,039.⁶³</td></tr></table>	3,039. ⁶³		
3,039. ⁶³						
3,039. ⁶³						
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.-</td></tr></table>	0.-	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>			
0.-						
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.-</td></tr></table>	0.-	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>			
0.-						

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 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	150-	7,160 ³⁷
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	150-	7,160 ³⁷
22. Transfers to Affiliated/Other Party Committees	0-	0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	0-	0-
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))	150-	7,160 ³⁷
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0-	0-

FROM LINE 20001

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)	0-	10,200-
34. Total Contribution Refunds (from Line 28(d))	0-	0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0-	10,200-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	150-	7,160 ³⁷
37. Offsets to Operating Expenditures (from Line 15, page 3)	0-	0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	150-	7,160 ³⁷

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

A. 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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

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

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

LAWSON CONSULTING

**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 OF

<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 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)

HEARTLAND RESURGENCE

Full Name (Last, First, Middle Initial)

A.

UPS Store

Mailing Address

6614 CLAYTON RD

City

State

Zip Code

RICHMOND HEIGHTS MO 63117

Purpose of Disbursement

MAILBOX ACCOUNT

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

05 / 08 / 2014

Amount of Each Disbursement this Period

150.-

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

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

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

140M-TIN-NEBOT

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143
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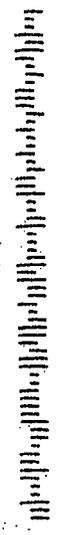

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REC MAIL CENTER

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



20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

7/21/14
 DATE PREPARED

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