

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. 12FE4M5

FOUNDED ON TRUTH

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806

Check if different than previously reported. (ACC) ARLINGTON VA 22206

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

C C00525725 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE [Electronically Filed] Date 01 / 30 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FOUNDED ON TRUTH

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="2013"/>	<input type="text" value="3.37"/>	<input type="text" value="3.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="294.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3915.00"/>	<input type="text" value="6170.00"/>
(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="4209.38"/>	<input type="text" value="6173.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3954.46"/>	<input type="text" value="5918.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="254.92"/>	<input type="text" value="254.92"/>
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="616.60"/>	

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
FOUNDED ON TRUTH

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).....	2300.00	3050.00
(ii) Unitemized	1540.00	2425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3840.00	5475.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	75.00	695.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3915.00	6170.00
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))..... ▶	3915.00	6170.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3915.00	6170.00

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3954.46	5918.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3954.46	5918.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	3954.46	5918.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3954.46	5918.45

DETAILED SUMMARY PAGE
of Disbursements

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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)	3915.00	6170.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3915.00	6170.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3954.46	5918.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3954.46	5918.45

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
FOUNDED ON TRUTH

A. MR WILLIAM A BRACKEN 373 CPA
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 BOB WHITE DR
 City OCOEE State TN Zip Code 37361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation CPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 28 / 2013
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period 300.00

B. MR JOHN C DONCHES 180
 Full Name (Last, First, Middle Initial)
 Mailing Address 559 MINOR ST
 City EMMAUS State PA Zip Code 18049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DONCHES HOMEWORK INC Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2013
Transaction ID : SA11AI.4252
 Amount of Each Receipt this Period 250.00

C. MR ROBERT W GARTHWAIT 067 SR
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1367
 City WATERBURY State CT Zip Code 06721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CLY+DEL MFG CO Occupation CHAIRMAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2013
Transaction ID : SA11AI.4258
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00
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 7 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

A. MS EDITH P PALMER 109
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 LAROE RD
 City CHESTER State NY Zip Code 10918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2013
Transaction ID : SA11AI.4279
 Amount of Each Receipt this Period
 500.00

B. MR JOHN W SAMPSON 339
 Full Name (Last, First, Middle Initial)
 Mailing Address 9614 PARKWOOD CT
 City FORT MYERS State FL Zip Code 33908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013
Transaction ID : SA11AI.4289
 Amount of Each Receipt this Period
 500.00

C. MR CLARK SMYTH 803
 Full Name (Last, First, Middle Initial)
 Mailing Address 2449 - 5TH STREET
 City BOULDER State CO Zip Code 80304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2013
Transaction ID : SA11AI.4291
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	2300.00

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

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

A. BLAIR COUNTY FEDERATION OF REPUBLICAN WOMEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 STATE STREET
 City HARRISBURG State PA Zip Code 17101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 75.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2013
Transaction ID : SA11C.4237
 Amount of Each Receipt this Period
 75.00
WOMENS GROUP CONTRIBUTION

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 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 Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	75.00

**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)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial)

A. FOUNDED ON TRUTH

Mailing Address 2776 S ARLINGTON MILL DR #806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
UNITEMIZED EXPENSES

001

Candidate Name

FOUNDED ON TRUTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2013

Transaction ID : **SB21B.4222**

Amount of Each Disbursement this Period

313.53

Full Name (Last, First, Middle Initial)

B. MARGUERITE LUKSIK

Mailing Address 206 1/2 HABICHT ST

City JOHNSTOWN State PA Zip Code 15906

Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Candidate Name

FOUNDED ON TRUTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2013

Transaction ID : **SB21B.4211**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

C. MARGUERITE LUKSIK

Mailing Address 206 1/2 HABICHT ST

City JOHNSTOWN State PA Zip Code 15906

Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Candidate Name

FOUNDED ON TRUTH

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : **SB21B.4212**

Amount of Each Disbursement this Period

100.00

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

763.53

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)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 08 / 10 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4213
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 08 / 19 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4214
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 778.89	
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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) C. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 08 / 20 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4215
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 377.85	
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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).....▶	1256.74
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)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 08 / 22 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4216
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 186.97	
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	Category/Type 002	Candidate Name FOUNDED ON TRUTH
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) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 08 / 30 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4217
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 255.45	
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	Category/Type 002	Candidate Name FOUNDED ON TRUTH
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) C. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 09 / 05 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4218
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 238.92	
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	Category/Type 002	Candidate Name FOUNDED ON TRUTH
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).....▶	681.34
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)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4219
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 09 / 18 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4220
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 365.33	
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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) C. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 12 / 26 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4221
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 60.00	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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).....▶	775.33
TOTAL This Period (last page this line number only).....▶	3476.94

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 13
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARGUERITE LUKSIK	Nature of Debt (Purpose): MILEAGE & MEALS
Mailing Address 206 1/2 HABICHT ST	
City State Zip Code JOHNSTOWN PA 15906	

Outstanding Balance Beginning This Period <input type="text" value="377.66"/>	Transaction ID : SD10.4133	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="377.66"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCOTT B MACKENZIE	Nature of Debt (Purpose): iSTOCK PHOTOS (iSTOCKPHOTO LP)
Mailing Address 2776 S ARLINGTON MILL DR #806	
City State Zip Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period <input type="text" value="238.94"/>	Transaction ID : SD10.4149	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="238.94"/>

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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="616.60"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="616.60"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="616.60"/>