PAGE 1 / 13

Image# 14940171149

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

ronw 3X	For Other Than An	Authorized Committe	e	Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	g, type	
COMMITTEE (in full)		over the lines.	g, type 12FE4N	45
FOUNDED ON TRI	JTH			
ADDRESS (number and stree	t) 2776 S ARLINGTON M	IILL DR #806		
Check if different				
than previously reported. (ACC)	ARLINGTON		VA VA	22206
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	STATE 🛦	ZIP CODE ▲
C C00525725	3	B. IS THIS REPORT X (N		AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	lay 20 (M5) A	ug 20 (M8) Nov 20 (M11)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	ep 20 (M9) Year Only) Dec 20 (M12) (Non-Election Year Only)
_	П	Apr 20 (M4) J	ul 20 (M7)	oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Repo	ort (Q1) (c) 12-Day	Primary (10P)	Conor	ral (12G) Runoff (12R)
July 15 Quarterly Repo	PRE-Election		H	ral (12G) Runoff (12R)
October 15 Quarterly Repo		Convention (
X January 31 Year-End Repo	ort (YE)	lection on	D D / Y Y Y	in the State of
July 31 Mid-Ye Report (Non-el Year Only) (MY	ection (d) 30-Day	,) Runof	f (30R) Special (30S)
Termination Re (TER)	eport	lection on	D D / Y Y Y	in the State of
5. Covering Period		through	12 / 31	2013
I certify that I have examine	ed this Report and to the bes	st of my knowledge and b	elief it is true, correct	and complete.
Type or Print Name of Trea	surer SCOTT B MACKENZIE	<u> </u>		
Signature of Treasurer	SCOTT B MACKENZIE	[Electronically	Filed] Date 01	M / D D / Y Y Y Y Y Y 30 2014
NOTE: Submission of false, e	erroneous, or incomplete inforn	nation may subject the pers	on signing this Report to	o the penalties of 2 U.S.C. §437g.
Office	<u> </u>			FEC FORM 3X
Use Only				Rev. 12/2004

OF FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name FOUNDED ON TRUTH		
Report Covering the Period: From: 07	01 2013 To	: 12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		3.37
(b) Cash on Hand at Beginning of Reporting Period	294.38	
(c) Total Receipts (from Line 19)	3915.00	6170.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4209.38	6173.37
7. Total Disbursements (from Line 31)	3954.46	5918.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	254.92	254.92
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	616.60	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FOUNDED ON TRUTH

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	Total Tills Tellou	Outchad Teal to Bate
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	2300.00	3050.00
40	1510.00	2425.00
(ii) Unitemized	1540.00	2425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	3840.00	5475.00
Lines II(a)(i) and (ii)	, 3040.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(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		0470.00
Totals to Line 33, page 5)▶	3915.00	6170.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Lagra Dagging d	0.00	0.00
All Loans Received	0.00	0.00
	0.00	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5) Refunds of Contributions Made	5.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	0.00	7 7
(Dividends, Interest, etc.)	0.00	0.00
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
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3915.00	6170.0
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	3915.00	6170.00

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
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Odiendai Tedi-to-Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	3954.46	5918.45
(add 21(a)(i), (a)(ii), and (b))▶	3954.46	5918.45
Transfers to Affiliated/Other Party		0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
(000) 00 17(00)		
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
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		200
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3954.46	5918.45
	7	3010.10
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

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3915.00	6170.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3915.00	6170.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	3954.46	5918.45
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. 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

		NUMBER	:	PAGE	:	6	OF	13
(cl	neck only	one)						
	X 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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FOUNDED ON TRUTH		
Full Name (Last, First, Middle Initial) MR WILLIAM A BRACKEN 373 CPA Mailing Address 231 BOB WHITE DR	\	Date of Receipt
City OCOEE FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TN 37361 C Occupation	08 28 2013 Transaction ID: SA11AI.4246 Amount of Each Receipt this Period 300.00
SELF EMPLOYED Receipt For: Primary General Other (specify) ▼	CPA Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. MR JOHN C DONCHES 180 Mailing Address 559 MINOR ST		Date of Receipt 08 21 2013
City EMMAUS FEC ID number of contributing federal political committee.	State Zip Code PA 18049	Transaction ID : SA11AI.4252 Amount of Each Receipt this Period 250.00
Name of Employer DONCHES HOMEWORK INC Receipt For: Primary General	Occupation PRESIDENT Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
MR ROBERT W GARTHWAIT 0 Mailing Address PO BOX 1367	67 SR	Date of Receipt 08 10 2013
City WATERBURY	State Zip Code CT 06721	Transaction ID : SA11AI.4258 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CLY+DEL MFG CO Receipt For: Primary General Other (specify) ▼	Occupation CHAIRMAN Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	R LINE			:	PAGE	=	7	OF	13
(che	ck only	or	ne)						
×	11a		11b		11c		12	2	
	13		14		15		16	6	17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) FOUNDED ON TRUTH		
Full Name (Last, First, Middle Initial) A. MS EDITH P PALMER 109 Mailing Address 282 LAROE RD		Date of Receipt
CHESTER	State Zip Code NY 10918	08 10 2013 Transaction ID : SA11AI.4279
CHESTER FEC ID number of contributing federal political committee.	NY 10918	Amount of Each Receipt this Period 500.00
Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	Occupation REGISTERED NURSE Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MR JOHN W SAMPSON 339 Mailing Address 9614 PARKWOOD CT		Date of Receipt
City FORT MYERS FEC ID number of contributing federal political committee.	State Zip Code FL 33908	09 17 2013 Transaction ID : SA11AI.4289 Amount of Each Receipt this Period 500.00
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MR CLARK SMYTH 803 Mailing Address 2449 - 5TH STREET City BOULDER	State Zip Code CO 80304	Date of Receipt 12 23 2013 Transaction ID: SA11AI.4291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer NONE Receipt For: Primary General Other (specify) ▼	Occupation RETIRED Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	only)	2300.00

В.

SCHEDUL ITEMIZED

Income# 440404744FC			
Image# 14940171156 SCHEDULE A (FEC Form 3)	O [FOR LINE NUMBER: PAGE 8 OF 13
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FOUNDED ON TRUTH			
Full Name (Last, First, Middle Initial) A. BLAIR COUNTY FEDERATION C	F REPUBLICAN	N WOMEN	Date of Receipt
Mailing Address 112 STATE STREET			07 22 Y 2013
City HARRISBURG	State PA	Zip Code 17101	Transaction ID : SA11C.4237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00 WOMENS GROUP CONTRIBUTION
Name of Employer Receipt For:	Occupation		—
Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼	
Full Name (Last, First, Middle Initial) B.	·		Date of Receipt
Mailing Address	6: :	7. 0.4	M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		

		·
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Necept this Period
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	·····	75.00
TOTAL This Period (last page this line number	only)	75.00

SCHE			OF 13						
ITEMI	ZED DISBURSEMENTS		rate schedule(s) category of the	(check only				725	
			Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
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	ommercial purposes, other than using the name								
NAMI	E OF COMMITTEE (In Full)								
	UNDED ON TRUTH								
Full N	Name (Last, First, Middle Initial)			1					
_	UNDED ON TRUTH				Date of	f Disburse	ement		
					M = M	/ D	D / Y	Y Y	Υ
Mailin	ng Address 2776 S ARLINGTON MILL DR #80	6			11	3	0	2013	
City		State	Zip Code						
-	NGTON	VA	22206		Trans	action ID	: SB21B.42	22	
	ose of Disbursement FEMIZED EXPENSES								
_	idate Name			001	Amount	t of Each	Disburseme	nt this	Period
	JNDED ON TRUTH			Category/ Type			1 40 1	313	3.53
	Sought: House Disburser	nent For:		.,,,,		7	7		
		Primary	General						
State	President District:	Other (spec	cify) 🔻						
	Name (Last, First, Middle Initial)								
	RGUERITE LUKSIK				Date of	f Disburse	ement		
					M = M	/ D	D / Y	Y	Υ
Mailin	ng Address 206 1/2 HABICHT ST				07	1	9	2013	
City		State	Zip Code		Trans	action ID	: SB21B.42	11	
	NSTOWN pse of Disbursement	PA	15906						
	EAGE REIMBURSEMENT			002	Amount	t of Each	Disburseme	nt this	Period
	idate Name			Category/				35	0.00
	UNDED ON TRUTH Sought: House Disburser	nont For		Type		7		33	3.00
Office	Sought: House Disburser Senate	nent For: Primary	General						
		Other (spec							
State									
	Name (Last, First, Middle Initial)				Detail	(D:al			
u. MA	RGUERITE LUKSIK					f Disburse		V	
Mailin	ng Address 206 1/2 HABICHT ST				07	2		2013	Y
City		State	Zip Code			-			
City JOHN	STOWN :	PA	2ip Code 15906		Trans	action ID	: SB21B.42	12	
	ose of Disbursement EAGE REIMBURSEMENT								
	idate Name			002	Amount	t of Each	Disburseme	nt this	Period
	UNDED ON TRUTH			Category/ Type				100	0.00
	Sought: House Disburser	nent For:		Type		,			
	Senate	Primary	General						
04-1	President	Other (spec	cify) 🔻						
State	: District:								
SURTO	TAL of Disbursements This Page (optional)							763	3.53
30510	TILE OF DISDUISEMENTS THIS FAYE (OPHORIA)			·····	-	- 1	7	-	#
TOTAL	This Period (last page this line number only)						7		

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SCHEDULE B (FEC Form 3X)							FOR LINE NUMBER: PAGE 10 OF 13									
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				k only	on	one)								
			Summary Page		×	21b		22		23 20h		24		25		26
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam															
\mid	NAME OF COMMITTEE (In Full)															
$ \rangle$	FOUNDED ON TRUTH															
\angle																
Δ	Full Name (Last, First, Middle Initial)							Date o	f Di	ehurea	ama	nt				
Λ.	MARGUERITE LUKSIK						Date of Disbursement									
	Mailing Address 206 1/2 HABICHT ST							08			0			013	_ 1	
	City S JOHNSTOWN	State PA	Zip Code 15906					Trans	sact	ion ID	: S	B21E	3.421	3		
	Purpose of Disbursement	ГА	15906													
	MILEAGE REIMBURSEMENT			C	002		1	Amoun	t of	Each	Dis	burse	emen	t this	Per	iod
	Candidate Name			Cate	egor	y/		-	-	-		_		40	0.00	
	FOUNDED ON TRUTH				ype	-			-	7			-	10	0.00	
	Office Sought: House Disburser Senate		Conoral													
	President	Primary Other (spe	General													
	State: District:	Cirioi (opo	S y / ▼													
	Full Name (Last, First, Middle Initial)															
В.	MARGUERITE LUKSIK						Date of Disbursement									
								M = M	7		D	/		Y	Y	1
	Mailing Address 206 1/2 HABICHT ST							08	4	1	9	ı,	_ 2	2013	_	J.
	City	State	Zip Code					T		· ID		D045				
	JOHNSTOWN	PA	15906					irans	sact	ion ID	: 5	BZTE	3.421	4		
	Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING				202		١,	۸	+ of	⊏ oob	Dia	.h		t thin	Dor	i a d
	Candidate Name				002	-11		Amoun	it Oi	Each	DIS	Bourse	emen	t triis	Per	ioa
	FOUNDED ON TRUTH				egor ype	y/								77	8.89	}
	Office Sought: House Disburser	ment For:			71											
	Senate	Primary	General													
		Other (spe	cify) ▼													
_	State: District:															
C	Full Name (Last, First, Middle Initial) MARGUERITE LUKSIK							Date o	f Di	shurse	me	nt				
٥.	WARGUERITE LUNSIN						ľ	M M	, D.,	D			V V	/ Y	V	
	Mailing Address 206 1/2 HABICHT ST							08			20			013		
	City S JOHNSTOWN	State PA	Zip Code 15906					Trans	sact	ion ID) : S	B21E	3.421	5		
	Purpose of Disbursement	17	13900			_										
	REIMB TRAVEL, FOOD & LODGING			C	002		/	Amoun	t of	Each	Dis	burse	emen	t this	Peri	iod
	Candidate Name				egor	y/		-	-	_			_	37	7.85	
	FOUNDED ON TRUTH			T	уре				_	7		- 7	_	31	7.00	
	Office Sought: House Disburser Senate	ment For: Primary	General													
	President	Other (spe														
	State: District:	2 (OPO	- <i>31</i> - ♥													
_						- 1										
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s	SUBTOTAL of Disbursements This Page (optional)					•			Ξ	,			I	125	6.74	
H	SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)					_		-	÷	7			÷	1250	6.74	=

SCHEDULE B (FEC Form 3.	Use separate s	schedule(s)	FOR LINE NUMBER: PAGE 11 OF							
ITEMIZED DISBURSEMENTS	for each category	ory of the	(check only 21b 27	one) 22 28a	23 24 25 26 28b 28c 29 30					
Any information copied from such Reports a or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) FOUNDED ON TRUTH	James and addieses 0	, pontical		January Someth						
Full Name (Last, First, Middle Initial)				Dot(D)	bureamant					
A. MARGUERITE LUKSIK	Date of Disbursement									
Mailing Address 206 1/2 HABICHT ST				08	22 2013					
City		Transacti	ion ID : SB21B.4216							
JOHNSTOWN Purpose of Disbursement	PA 159	06								
REIMB TRAVEL, FOOD & LODGING			002	Amount of	Each Disbursement this Period					
Candidate Name FOUNDED ON TRUTH			Category/		186.97					
	Disbursement For:		Туре							
Senate	Primary	General								
President State: District:	Other (specify)	▼								
Full Name (Last, First, Middle Initial)										
B. MARGUERITE LUKSIK				Date of Dis	sbursement					
Mailing Address 2004/01/ADJOUT 07				M = M /	20 2012					
Mailing Address 206 1/2 HABICHT ST				80	30 2013					
City	·	Code		Transacti	ion ID : SB21B.4217					
JOHNSTOWN Purpose of Disbursement	PA 159	006								
RÉIMB TRAVEL, FOOD & LODGING			002	Amount of	Each Disbursement this Period					
Candidate Name FOUNDED ON TRUTH			Category/		255.45					
	Disbursement For:		Туре							
Senate	Primary	General								
President State: District:	Other (specify)	•								
State: District: Full Name (Last, First, Middle Initial)										
C. MARGUERITE LUKSIK				Date of Dis	sbursement					
Moiling Address 200 4/0 LIADIOUT CT	Mailing Address 206 1/2 HABICHT ST									
walling Address 206 1/2 HABICHT ST				09	05 2013					
City	•	Code		Transacti	ion ID : SB21B.4218					
JOHNSTOWN Purpose of Disbursement	PA 159	06								
REIMB TRAVEL, FOOD & LODGING			002	Amount of	Each Disbursement this Period					
Candidate Name FOUNDED ON TRUTH			Category/		238.92					
	Disbursement For:		Туре							
Senate	Primary	General								
President	Other (specify)	▼								
State: District:										
SUBTOTAL of Disbursements This Page (o	pptional)				681.34					
TOTAL This Desired (least across this Pa	show only)									
TOTAL This Period (last page this line nun	iber only)									

SCHEDULE B (FEC Form 3X)	lleg congrete achadula/s	.\	IE NUMBER: PAGE 12 O							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	V 21h	one) 22 23 28 28b	24 25 26 28c 29 30						
Any information copied from such Reports and sor for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) FOUNDED ON TRUTH	and address of any poin		ZZZZZ ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ							
Full Name (Last, First, Middle Initial)			Data of Dishurasara	•						
A. MARGUERITE LUKSIK	Date of Disbursement									
Mailing Address 206 1/2 HABICHT ST			09 16	2013						
City	State Zip Code		Transaction ID : SB	21B.4219						
JOHNSTOWN Purpose of Disbursement	PA 15906									
MILEAGE REIMBURSEMENT		002	Amount of Each Disb	ursement this Period						
Candidate Name FOUNDED ON TRUTH		Category/		350.00						
	oursement For:	Туре		7						
Senate	Primary General									
President	Other (specify) ▼									
State: District: Full Name (Last, First, Middle Initial)										
B. MARGUERITE LUKSIK			Date of Disbursemen	t						
Mailing Address 206 1/2 HABICHT ST		09 18	2013							
			لتنا لـــا							
City JOHNSTOWN	State Zip Code PA 15906		Transaction ID : SE	321B.4220						
Purpose of Disbursement REIMB TRAVEL, FOOD & LODGING	10000			=						
Candidate Name		002	Amount of Each Disb	ursement this Period						
FOUNDED ON TRUTH		Category/ Type		365.33						
Office Sought: House Disk	oursement For:	71	,	,						
Senate	Primary General									
State: President District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
C. MARGUERITE LUKSIK	Date of Disbursemen	t /								
Mailing Address 206 1/2 HABICHT ST	Mailing Address 206 1/2 HABICHT ST									
City	State Zip Code									
JOHNSTOWN	PA 15906		Transaction ID : SB	321B.4221						
Purpose of Disbursement MILEAGE REIMBURSEMENT		002	Amount of Each Disb	ursement this Period						
Candidate Name		Category/	Amount of Lacif Disp							
FOUNDED ON TRUTH		Туре		60.00						
Office Sought: House Disk	oursement For: Primary General									
President	Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (option	nal)			775.33						
(00100	,			0.170.04						
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
FOR LINE NUMBER: (check only one)

	9
X	10

13

OF

NAME OF COMMITTEE (In Full) FOUNDED ON TRUTH A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MILEAGE & MEALS MARGUERITE LUKSIK Mailing Address 206 1/2 HABICHT ST State Zip Code **JOHNSTOWN** 15906 Transaction ID: SD10.4133 Outstanding Balance Beginning This Period 377.66 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 377.66 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ISTOCK PHOTOS (ISTOCKPHOTO LP)** SCOTT B MACKENZIE Mailing Address 2776 S ARLINGTON MILL DR #806 City State Zip Code ARLINGTON 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4149 238.94 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 238.94 0.00 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 616.60 1) SUBTOTALS This Period This Page (optional)..... 616.60 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 616.60 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶