Image# 10990838189 07%497210/140 15:10

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

10 Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Co	orporations
(a) Name of Individual, Organization or Corporation COMMON SENSE ISSUES INC	
COMMON CENCE 1000ES INC	
(b) Address (number and street)	
(c) City, State and ZIP Code	
CINCINNATI OH 45255	FEC Identification Number
2. Corporate filers only	C C90009739
Is the filer a qualified nonprofit corporation?	
Individual filers only Name of Employer	Decupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice	Notice
☐ July 15 Quarterly Report	
☐ October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes \(\subseteq \text{No } \textbf{X} \)	
5. COVERING PERIOD: FROM 0 6 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
THROUGH	
M ₀ M ₀ / D ₀ B ₀ / Y ₂ Y ₀	
6. TOTAL CONTRIBUTIONS	0.00
6. TOTAL CONTRIBUTIONS	
7. TOTAL INDEPENDENT EXPENDITURES	19907.17
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or i 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 t reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	he independent expenditures
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Patrick Davis	07/10/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to	o 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

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F5N}$

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 EXPENDITURES

PAGE	3 / 4	

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

COMMON	SENSE	ISSUE!	SINC

Full Name (Last, First, Middle Initial) of Payee		Date
ccAdvertising		M M / D D / Y Y Y
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
13800 Coppermine Rd, Suite 300		Amount
City State	Zip Code	170.17
Herndon VA	20171	
Purpose of Expenditure	Category/	Office Sought: X House State: KS
Phone Campaign: Polling/Voter ID	Туре	House Senate
Name of Federal Candidate Supported or Opposed by Expenditu	ure:	President District: 04
WINK HARTMAN		Check One: Support X Oppose
Odersky Vers To Bate Ber Florier		Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought	170.17	2010 Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date
ccAdvertising		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		
13800 Coppermine Rd, Suite 300		Amount
City State	Zip Code	212.00
Herndon VA	20171	
Purpose of Expenditure	Category/	Office Sought: X House State: KS
Phone Campaign: Polling/Voter ID	Туре	House Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditu	ıre:	President
WINK HARTMAN		Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: X Primary General
for Office Sought	382.17	2010 — — — — — — — — — — — — — — — — — —
Full Name (Last, First, Middle Initial) of Payee		
Design 4 Marketing and Communications		Date
Mailing Address		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
106 N Collins St		Amount
City State	Zip Code	17300.00
Plant City FL	22563	
Purpose of Expenditure	Category/	Office Sought: X House State: KS
Radio - Media Placement	Type	House Senate
Name of Federal Candidate Supported or Opposed by Expenditu	 	President District: 04
WINK HARTMAN		Check One: Support X Oppose
Odlanda Wara Ta Bata B. Et		Disbursement For: X Primary General
Calendar Year-To-Date Per Election for Office Sought	57700.00	2010 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		17682.17
(h) OUDTOTAL of Helican Standards and 15 15 15		
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(Sa) (Sa. Hom last page formal to Emo 1)		

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SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE **4/4** FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

COMMON	SENSE	ISSUES	INC

Full Name (Last, First, Middle Initial) of Payee	Date	
Design 4 Marketing and Communications		
Mailing Address		0.7 0.8 2.010
106 N Collins St		Amount
City State	Zip Code	2225.00
Plant City FL	22563	
Purpose of Expenditure	Calogory/	ce Sought: X House State: KS
Radio - Ad Production		louse Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure WINK HARTMAN		President
WINKTIAITIVAN		eck One: Support X Oppose
Calendar Year-To-Date Per Election		oursement For: X Primary General
for Office Sought	59925.00	Other (specify)
	<u> </u>	
1		
(a) SUBTOTAL of Itemized Independent Expenditures		2225.00
(b) SUBTOTALof Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		19907.17
(carry total from last page forward to Line 7)		