

JULIE N. WELLS  
338 HOLIDAY WAY  
CADIZ, KY 42211  
(270) 924-1596 (telephone and fax)

FAX COVER SHEET

TO: FEC re: Form 9  
(202) 219-0174

FROM: Julie Wells

RE: FEC Form 9

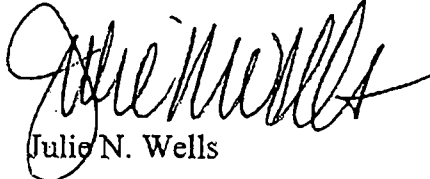
DATE: September 11, 2016

NO. OF PAGES: 6, including cover

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Dear Sir/Madam:

I tried to file the attached via e-mail and received a bounceback error message. Please let me know that this fax has been received. Thank you.


  
Julie N. Wells

9/11/2016

AOL Mail - Message View

**FEC Form 9**

**From:** Julie Wells <jw80231@aol.com>  
**To:** 2022190174 <2022190174@fec.gov>  
**Date:** Sun, Sep 11, 2016 3:18 pm

 [FEC Form 9 Trump ad 9...pdf \(224 KB\)](#)

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Dear Sir/Madam:

Attached please find an FEC Form 9 filed on behalf of Common Sense Values IE Committee, pertaining to a communication made regarding candidate Donald Trump on September 10, 2016.

Please let me know if you have any questions or concerns. If you could let me know you've received this e-mail, I would appreciate it. Thank you.

Julie Wells, Campaign Compliance Officer  
Common Sense Values IE Committee  
338 Holiday Way  
Cediz, KY 42211  
(270) 924-1596

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name  
Common Sense Values IE Committee

(b) Address (number and street)  check if different than previously reported  
PO Box 372128

(c) City, State and ZIP Code  
Denver, CO 80237

(d) Name of Employer or Principal Place of Business  
NA

(e) Occupation  
NA

2. FEC Identification Number  
C

3. Is This Statement  New or  Amended

4. Covering Period  
09 ' 10 ' 2016 through 09 ' 19 ' 2016

5. (a) Date of Public Distribution(s) 09 ' 10 ' 2016 (b) Communication Title We Know Our Kids Are List

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)  
(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15  
(e)  Other, specify: Non profit corporation

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name  
Julie Wells

(b) Address (number and street)  
338 Holiday Way

(c) City, State and ZIP Code  
Cadiz, KY 42211

(d) Name of Employer or Principal Place of Business  
Self

(e) Occupation  
Campaign Compliance

9. Total Donations This Statement 6087.00

10. Total Disbursements/Obligations This Statement 6087.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Julie Wells

SIGNATURE

DATE

9-11-16

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

**List of Person(s) Sharing/Exercising Control**  
(use additional pages as necessary)

PAGE 1 OF 1

**11. Person(s) Sharing/Exercising Control**

<b>A.</b> (a) Name Ashley Stevens (b) Address (number and street) 1567 S. University Blvd. (c) City, State and ZIP Code Denver, CO 80210 (d) Name of Employer or Principal Place of Business Self (e) Occupation Consultant
<b>B.</b> (a) Name Julie Wells (b) Address (number and street) 338 Holiday Way (c) City, State and ZIP Code Cadiz, KY 42211 (d) Name of Employer or Principal Place of Business Self (e) Occupation Campaign Compliance
<b>C.</b> (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code  (d) Name of Employer or Principal Place of Business  (e) Occupation
<b>D.</b> (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code  (d) Name of Employer or Principal Place of Business  (e) Occupation
<b>E.</b> (a) Name  (b) Address (number and street)  (c) City, State and ZIP Code  (d) Name of Employer or Principal Place of Business  (e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

PAGE 1 OF 1

<p><b>A. Full Name of Donor</b> Common Sense Values Mailing Address of Donor PO Box 372128 City State Zip Denver, CO 80237</p>	<p>Date of Receipt 08 / 30 / 2016 Amount 6087.00</p>
<p><b>B. Full Name of Donor</b> Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p><b>C. Full Name of Donor</b> Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p><b>D. Full Name of Donor</b> Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p><b>E. Full Name of Donor</b> Mailing Address of Donor City State Zip</p>	<p>Date of Receipt Amount</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶ 6087.00</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ 6087.00 (carry total from last page to Line 9)</p>	

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 1 OF 1

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mundy Katowitz Medla		<b>Date of Disbursement or Obligation</b> 08 / 30 / 2016	
<b>Mailing Address of Payee</b> 1322 G Street SE		<b>Amount</b> 6087.00	
<b>City</b> Washington, DC	<b>State</b> DC	<b>Zip Code</b> 20003	<b>Communication Date</b> 09 / 10 / 2016
<b>Name of Employer</b> NA	<b>Occupation</b> NA	<b>Purpose of Disbursement (Including title(s) of communication(s))</b> We Know Our Kids are Listening radio ad in Colorado House District 59	
<b>Name of Federal Candidate</b> Donald Trump	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>		<b>Date of Disbursement or Obligation</b>	
<b>Mailing Address of Payee</b>		<b>Amount</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Communication Date</b>
<b>Name of Employer</b>	<b>Occupation</b>	<b>Purpose of Disbursement (Including title(s) of communication(s))</b>	
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>Name of Federal Candidate</b>	<b>Office Sought:</b> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>State:</b> _____ <b>District:</b> _____	<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b>		6087.00	
<b>TOTAL This Period (last page this line number only)</b> (carry total from last page to Line 10)		6087.00	

**Via FAX**

**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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<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
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED