

FEC FORM 5

183

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Samuel David Rankin		3. FEC Identification Number C
(b) Address (number and street) check if different than previously reported 1645 Parkhill Dr #3		
(c) City, State and ZIP Code Billings, MT 59102		
2. Occupation and Name of Employer (for Individual Filers Only) Self employed / Real Estate Broker		

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report

July 15 Quarterly Report

24-Hour Report

October 15 Quarterly Report

48-Hour Report

January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

5. COVERING PERIOD:

FROM 04 01 2014

THROUGH 06 28 2014

6. TOTAL CONTRIBUTIONS.....	1 584 00
7. TOTAL INDEPENDENT EXPENDITURES.....	1 584 00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Samuel David Rankin

Samuel D Rankin 6/28/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to 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

14031251250

SCHEDULE 5-A
ITEMIZED RECEIPTS

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 FILER (In Full)
Samuel David Rankin

A. Full Name (Last, First, Middle Initial) Rankin, Samuel, D **Date of Receipt** 04 29 2014

Mailing Address 1645 Parkhill Dr #3

City Billings **State** MT **Zip Code** 59102

FEC ID number of contributing federal political committee. C **Amount of Each Receipt this Period** 158400

Name of Employer Self employed **Occupation** Real Estate Broker

B. Full Name (Last, First, Middle Initial) _____ **Date of Receipt** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

FEC ID number of contributing federal political committee. C **Amount of Each Receipt this Period** _____

Name of Employer _____ **Occupation** _____

C. Full Name (Last, First, Middle Initial) _____ **Date of Receipt** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

FEC ID number of contributing federal political committee. C **Amount of Each Receipt this Period** _____

Name of Employer _____ **Occupation** _____

D. Full Name (Last, First, Middle Initial) _____ **Date of Receipt** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

FEC ID number of contributing federal political committee. C **Amount of Each Receipt this Period** _____

Name of Employer _____ **Occupation** _____

SUBTOTAL of Receipts This Page (optional)	▶	158400
TOTAL This Period (last page carry total to Line 6)	▶	158400

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SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Samuel David Rankin

Full Name (Last, First, Middle Initial) of Payee "The Billings Outpost"		Date of Public Distribution/Dissemination 05 07 2014
Mailing Address 2501 Montana Ave		Amount 79200
City Billings	State MT	
Purpose of Expenditure Newspaper Ad	Category/Type 004	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President: <input type="checkbox"/> State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: John Bohlinger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 79200		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee "The Billings Outpost"		Date of Public Distribution/Dissemination 05 14 2014
Mailing Address 2501 Montana Ave		Amount 79200
City Billings	State MT	
Purpose of Expenditure Newspaper Ad	Category/Type 004	Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President: <input type="checkbox"/> State: MT District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: John Bohlinger		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 158400		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Purpose of Expenditure	Category/Type	Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President: <input type="checkbox"/> State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	158400
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	0
(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)	158400

14031251252

**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.

14031251253

<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

(8/2013)