

**KENNETH STEPP**  
**CANDIDATE FOR U.S. HOUSE, KENTUCKY-05**  
**P. O. BOX 1271**  
**MANCHESTER, KENTUCKY 40962**

**Phone or Fax: (606) 596-0360**

**Email: kenneth\_stepp@yahoo.com**

**web site: http://www.steppforcongress.blogspot.com**

RECEIVED

2011 OCT 24 AM 11:57

FEC MAIL CENTER

10-23-14

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Re: Stepp Committee  
Kenneth Stepp  
U.S. House, Kentucky-05

Dear Federal Election Commission:

I am a candidate for the U.S. House, Kentucky-05 as a Democrat.

I have organized a committee, the Stepp Committee.

Please find enclosed my FEC forms. Please file them. ~~Please stamp the copy of the first page of each form "filed" to show when and where the original was filed, and mail the copy of the first page of each form back to me in the enclosed envelope.~~ KS

I understand that Kentucky has specifically waived having duplicate copies of FEC forms filed in the State or locally, and for that reason, yours is the only office where I will be filing FEC forms or copies of FEC forms.

Please phone me if you have any questions, or corrections, about my FEC forms and requirements.

Yours truly,



KENNETH STEPP

KSS/ks  
Enclosures

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 OCT 24 AM 11:57 Office Use Only

FEC MAIL CENTER 12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

STEPP COMMITTEE

ADDRESS (number and street) 7750 NORTH U.S. HIGHWAY 421 P.O. BOX 1271 MANCHESTER KY 40962 - 1271

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 00556803 3. IS THIS REPORT XX NEW OR AMENDED KY 05

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) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) XXXXX General (12G) Runoff (12R) Election on 11 04 2014 in the State of KY (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of KY

5. Covering Period 10 01 2014 through 10 15 2014

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 KENNETH S. STEPP

Signature of Treasurer Kenneth S. Stepp Date 10 22 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.

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

STAPP COMMITTEE

Report Covering the Period:

From:

10' 01' 2014

To:

10' 15' 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	2113	1,481.06
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2113	1,481.06
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	12112	1,238.03
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	12112	1,238.03
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	24803	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	5000	

**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

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**STEPP COMMITTEE**

Report Covering the Period: From: 10 01 2014 To: 10 15 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7.41	1,071.00
(ii) Unitemized.....	0	0
(iii) TOTAL of contributions from individuals ▶	7.41	1,071.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	250.00
(d) The Candidate.....	13.72	160.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	21.13	1,481.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>		
	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	50.00	50.00
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	50.00	50.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		
	0	0
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>71.13</b>	<b>1,531.00</b>

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	121.12	1,238.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	121.12	1,238.03

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	298.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	71.13
25. SUBTOTAL (add Line 23 and Line 24).....	369.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	121.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	248.03

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

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

FOR LINE NUMBER: PAGE 5 OF 12  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
**STEPP COMMITTEE**

**A. STEPP, CARSON K**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 7750 NORTH HIGHWAY 421  
 City State Zip Code  
 MANCHESTER KENTUCKY 40962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HEARTHSIDE FOOD SOLUTIONS MACHINE OPERATOR  
 Receipt For: Election Cycle-to-Date  
 Primary  General  
 Other (specify)  
 \$1,071.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 12 2014

Amount of Each Receipt this Period  
7.41  
IN KIND CONTRIBUTION BY CARSON STEPP OF CAMPAIGN MATERIALS, POSTS FOR SIGNS

**B. STEPP, CARSON K.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 7750 NORTH HIGHWAY 421  
 City State Zip Code  
 MANCHESTER KENTUCKY 40962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HEARTHSIDE FOOD SOLUTIONS MACHINE OPERATOR  
 Receipt For: Election Cycle-to-Date  
 Primary  General  
 Other (specify)

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C. STEPP, CARSON K.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 7750 NORTH HIGHWAY 421  
 City State Zip Code  
 MANCHESTER KENTUCKY 40962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HEARTHSIDE FOOD SOLUTIONS MACHINE OPERATOR  
 Receipt For: Election Cycle-to-Date  
 Primary  General  
 Other (specify)

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....  
 7.41

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)  
**STEPP COMMITTEE**

Full Name (Last, First, Middle Initial) <b>STEPP, KENNETH S.</b>		Date of Receipt  10 01 2014
A. Mailing Address 7750 NORTH HIGHWAY 421		
City <b>MANCHESTER</b>	State <b>KENTUCKY</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  11.62
Name of Employer <b>KENNETH S. STEPP, PSC</b>	Occupation <b>ATTORNEY AT LAW</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  157.96	

IN KIND CARD STOCK FOR  
CAMPAIGN POSTERS

Full Name (Last, First, Middle Initial) <b>STEPP, KENNETH S.</b>		Date of Receipt  10 15 2014
B. Mailing Address 7750 NORTH HIGHWAY 421		
City <b>MANCHESTER</b>	State <b>KENTUCKY</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period  2.10
Name of Employer <b>KENNETH S. STEPP, PSC</b>	Occupation <b>ATTORNEY AT LAW</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  160.00	

IN KIND FOR WINGNUTS TO  
SECURE VAN ROOF POLITICAL  
SIGN

Full Name (Last, First, Middle Initial) <b>STEPP, KENNETH S.</b>		Date of Receipt
C. Mailing Address 7750 NORTH HIGHWAY 421		
City <b>MANCHESTER</b>	State <b>KENTUCKY</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>KENNETH S. STEPP, PSC</b>	Occupation <b>ATTORNEY AT LAW</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	13.72
TOTAL This Period (last page this line number only).....	

WINGNUTS TO SECURE VAN ROOF

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 12	
	<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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)  
**STEPP COMMITTEE**

Full Name (Last, First, Middle Initial) <b>STEPP, KENNETH S.</b>		Date of Receipt
Mailing Address <b>7750 NORTH HIGHWAY 421</b>		10 06 2014
City <b>MANCHESTER</b>	State Zip Code <b>KENTUCKY 40962</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>KENNETH S. STEPP, PSC</b>	Occupation <b>ATTORNEY AT LAW</b>	50.00
Receipt For: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>50.00</b>	cash loan by Candidate to the campaign, 0% interest, one year to pay

Full Name (Last, First, Middle Initial) <b>STEPP, KENNETH S.</b>		Date of Receipt
Mailing Address <b>7750 NORTH HIGHWAY 421</b>		
City <b>MANCHESTER</b>	State Zip Code <b>KENTUCKY 40962</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>KENNETH S. STEPP, PSC</b>	Occupation <b>ATTORNEY AT LAW</b>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>STEPP, KENNETH S.</b>		Date of Receipt
Mailing Address <b>7750 NORTH HIGHWAY 421</b>		
City <b>MANCHESTER</b>	State Zip Code <b>KENTUCKY 40962</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer <b>KENNETH S. STEPP, PSC</b>	Occupation <b>ATTORNEY AT LAW</b>	
Receipt For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	50.00

FROM: MAN: ON: 11-10-11



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**STEPP COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 10 01 / 2014
Mailing Address <del>240 MANCHESTER SQUARE SHOPPING CENTER</del>		Amount of Each Disbursement this Period  11.62
City State Zip Code <del>MANCHESTER KY 40962</del>		
Purpose of Disbursement <del>IN KIND CARD STOCK FOR CAMPAIGN POSTERS</del>		BY KENNETH S. STEPP
Candidate Name KENNETH S. STEPP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 05		

Full Name (Last, First, Middle Initial) <b>B. MANCHESTER ENTERPRISE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 03 / 2014
Mailing Address P. O. BOX 449		Amount of Each Disbursement this Period  80.00
City State Zip Code MANCHESTER KY 40962		
Purpose of Disbursement CAMPAIGN ADVERTISING		CAMPAIGN ACCOUNT
Candidate Name KENNETH S. STEPP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 05		

Full Name (Last, First, Middle Initial) <b>C. LOWE'S</b>		Date of Disbursement M M / D D / Y Y Y Y 10 05 / 2014
Mailing Address 2001 SOUTH HIGHWAY 27		Amount of Each Disbursement this Period  2.10
City State Zip Code SOMERSET KY 42501		
Purpose of Disbursement WINGNUTS FOR POLITICAL SIGN ON VAN RF		BY KENNETH S. STEPP
Candidate Name KENNETH SL STEPP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 05		

**SUBTOTAL** of Disbursements This Page (optional)..... 93.72

**TOTAL** This Period (last page this line number only).....

ORIGINAL COPY

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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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)  
**STAPP COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. POSTMASTER</b>		Date of Disbursement MM / DD / YYYY <b>10 / 14 / 2014</b>
Mailing Address <b>HIGHWAY 421</b>		Amount of Each Disbursement this Period <b>19.99</b>
City <b>MCKEE</b>	State Zip Code <b>KENTUCKY 40447-9998</b>	
Purpose of Disbursement <b>POSTAGE OF REPORT TO F.E.C. OVERNIGHT</b>		CAMPAIGN ACCOUNT
Candidate Name <b>KENNETH S. STAPP</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>ky</b> District: <b>05</b>		

Full Name (Last, First, Middle Initial) <b>B. LOWE'S</b>		Date of Disbursement MM / DD / YYYY <b>10 / 12 / 2014</b>
Mailing Address <b>777 WEST CUMBERLAND GAP PARKWAY</b>		Amount of Each Disbursement this Period <b>7.41</b>
City <b>CORBIN</b>	State Zip Code <b>KENTUCKY 40701</b>	
Purpose of Disbursement <b>CAMPAIGN MATERIALS, POSTS</b>		IN KIND BY CARSON STAPP
Candidate Name <b>KENNETH S. STAPP</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: <b>KY</b> District: <b>05</b>		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>27.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>121.12</b>

FROM: ANN: OMAH



# SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
Information found on  
Page \_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)  STEPP COMMITTEE		FEC IDENTIFICATION NUMBER  C 00556803	
LENDING INSTITUTION (LENDER) Full Name  NONE	Amount of Loan  _____	Interest Rate (APR)  _____ %	
Mailing Address  City _____ State _____ Zip Code _____	Date Incurred or Established  M M / D D / Y Y Y Y	Date Due  M M / D D / Y Y Y Y	
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred _____</p> <p>B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____</p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <p style="text-align: right;">What is the value of this collateral? _____</p> <p style="text-align: right;">Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <p style="text-align: right;">What is the estimated value? _____</p> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: _____</p> <p>Date account established: _____      Address: _____</p> <p>City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p>			
G. COMMITTEE TREASURER Typed Name _____ Signature _____	DATE M M / D D / Y Y Y Y		
H. Attach a signed copy of the loan agreement.			
<p>I. TO BE SIGNED BY THE LENDING INSTITUTION:</p> <p>    I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.</p> <p>    II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.</p> <p>    III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p>			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____	Title _____	DATE M M / D D / Y Y Y Y	

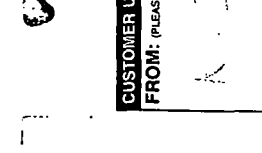
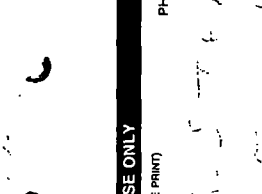
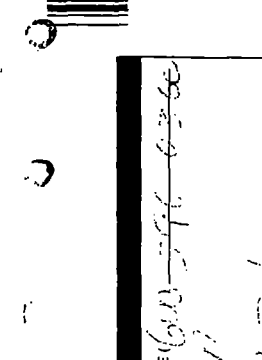
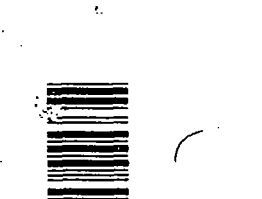
FORM 1001-1001



U.S. POSTAGE  
PAID  
MANCHESTER, KY  
40962-14  
OCT 23 2014  
AMOUNT  
**\$12.15**  
00033329-04



1007  
PRESS FINELY



**PRIORITY  
MAIL  
EXPRESS™**



CUSTOMER USE ONLY  
FROM: (PLEASE PRINT)

PHONE (609) 398-6266  
A 205-574-1111  
100-527-1271  
MANCHESTER, KY 40962

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
\*Prior to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE (609) 398-6266  
Federal Collection Commission  
100-527-1271  
MANCHESTER, KY 40962

ZIP + 4® (U.S. ADDRESSES ONLY)

120463

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 Insurance Included.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	Scheduled Delivery Date (MM/DD/YYYY)	Scheduled Delivery Time
<input type="checkbox"/> Military	<input type="checkbox"/> DPO	PO ZIP Code	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM
Postage	Insurance Fee	Date Accepted (MM/DD/YYYY)	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 10:30 AM Delivery Fee
\$ 19.99	\$	Time Accepted	Return Receipt Fee
		<input type="checkbox"/> AM <input type="checkbox"/> PM	Live Animal Transportation Fee
		<input type="checkbox"/> Flat Rate	Total Postage & Fees
		Weight lbs. 3.00	\$ 19.99
		Acceptance Employee Initials	Employee Signature
		Employee Signature	Employee Signature

FIRMLY TO MAKE ALL COPIES LEGIBLE

