

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: October 19, 2016

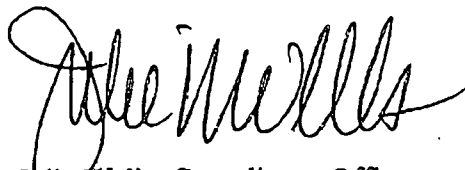
NO. OF PAGES: 5, including cover

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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 October 18, 2016.

Please let me know if you have any questions or concerns. Thank you.



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

# FEC FORM 8

## 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

10 18 2016

through

10 26 2016

### 5. (a) Date of Public Distribution(s)

10 18 2016

(b) Communication Title Tired of Trump

### 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

4836.00

### 10. Total Disbursements/Obligations This Statement

4836.00

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

10-19-16

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**

<b>A.</b> Full Name of Donor Common Sense Values Mailing Address of Donor PO Box 372128 City State Zip Denver, CO 80237	Date of Receipt 10 / 14 / 2016 Amount 4836.00
<b>B.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>C.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>D.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>E.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>SUBTOTAL</b> of Donations This Page (optional) .....	4836.00
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to Line 9)	4836.00

**SCHEDULE 9-B**

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee <b>Mundy Katowitz Media</b>		Date of Disbursement or Obligation <input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2016"/>	
Mailing Address of Payee <b>1322 G Street SE</b>		Amount <input type="text" value="4836.00"/>	
City <b>Washington, DC</b>	State <b>DC</b>	Zip Code <b>20003</b>	
Name of Employer <b>NA</b>		Occupation <b>NA</b>	
Purpose of Disbursement (Including title(s) of communication(s)) <b>"Tired of Trump" radio ad in Colorado House District 17</b>			
Name of Federal Candidate <b>Donald Trump</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address of Payee _____		Amount <input type="text"/>	
City _____	State _____	Zip Code _____	
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) _____			
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶		<input type="text" value="4836.00"/>	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		<input type="text" value="4836.00"/>	

**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

(8/2013)