10/20/2016 09:14 PAGE 01/05

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

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

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

10/20/2016 09:14 PAGE 02/05

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1.	1. Person Making the Disbursements/Obligations						
	(a) Name					ė	
	Common Sense Values IE Committee						
	,	than previously reported			2. FEC Identification Number		
	PO Box 372128						
	(c) City, State and ZIP Code Denver, CO 80237						
	(d) Name of Employer or Principal Place of Business	···	(e)	Оссиратоп	· · · · · · · · · · · · · · · · · · ·		
	NA	•	NA				
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3.	Is This Statement Or	4. Covering I	Period	ጀን <i>-የኢን</i> -የታብረት	through	ladnathaladash-kh-S há J	
	Amended			10	26	2016	
5.	(a) Date of Public Distribution(s) 10 18	* 2016 [(b) Comm	unication T	itle Tired of	rump	
6.	The filer is a(n): (a) Individual (b) Uninco	orporated Organization	n (c) 🔲	Qualified N	lonprofit Corp	oration (11 C	FR 114.10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CF							
							-
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?						
8.	Custodian of Records						
	(a) Name						
	Julie Wells						
	(b) Address (number and alreal)						
	338 Holiday Way						
	(c) City, State and ZIP Code						
	Cadiz, KY 42211						
	(d) Name of Employer or Principal Place of Business		(e) Occupation				
	Self			Campaig	n Compliand	:e 	
G	Total Donations This Statement		Secure describer	andersales	1 1836	Č O	
₹.	Total Dollagons This Statement		4836.00				
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	Under penalty of perjury, I certify that this statement	Is true, correct and co	mplete.				
	TYPE OR PRINT NAME OF PERSON COMPLETING FO	A A A A A A		Julie	e Wells		
	SIGNATURE AND SIGNATURE		DATE10-19-16				
	NOTE: Submission of laised empleous or incomplete in	formation may subject the pe	erson elgning	this statemen	I to the penalties o	1 2 U.S.C. §197g	<u>.</u>

FEG FORM 8 (REV. 12/2007)

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

PAGE OF

	son(s) Sharing/Exercising Control				
A.	(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	(e) Occupation			
	Self	Consultant			
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	(e) Occupation			
	Self	Campaign Compliance			
C.	(a) Name				
	(b) Address (number and street)				
	(c) City, State and ZIP Code				
	(d) Name of Employer or Principal Place of Business	(e) Occupation			
D.	(a) Name	· · · · · · · · · · · · · · · · · · ·			
	(b) Address (number and street)				
	(c) City. State and ZIP Code				
	(d) Name of Employer or Principal Place of Business	(e) Occupation			
Ē.	(a) Name				
	(b) Address (number and alreet)				
	(c) City, State and ZIP Code	<u> </u>			

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FEC FORM 8 (REV. 12/2007)

	DULE 9-A ion(s) Received				PAGE OF 1 1	
	Full Name of Donor			Date o	of Receipt	
	Common Sense Values Mailing Address of Donor			10 14 2016 Amount		
	PO Box 372128					
	City	State	Zip	g Toward Importance Management	4836.00	
	Denver, CO 80237					
В.	Full Name of Donor			Date	of Receipt	
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	Mailing Address of Donor			Amount		
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FEC FORM 8 (REV. 12/2007)

SCHEDULE 9-B Disbursement(s) Made or O	bligation(s)	PAGE OF 1 1
A. Full Name (Last, First, Middle Initial Mundy Katowitz Media Mailing Address of Payee 1322 G Street SE	il) of Payee	Date of Disbursement or Obligation 10 14 2016 Amount
City Washington, DC 20003	State Zip Code	4836.00 Communication Date
NAme of Employer NA Purpose of Disbursement (Including		10 18 2016
Name of Federal Candidate Donald Trump	Office Sought: House State: Senete District: President	Disbursement/Obligation For: ☐ Primary
Name of Federal Candidate	Office Sought: House State: Senate President	Disbursement/Obligation For: ————————————————————————————————————
Name of Federal Candidate	Office Sought: House State: Senate President District:	Disbursement/Obligation For: Primary ☐ General Other (specify) ▶
B. Full Name (Last, First, Middle Initia	I) of Payee	Date of Disbursement or Obligation Amount
City	State Zip Code	Communication Date
Name of Employer	Occupation	Mariana Constant
Purpose of Disbursement (Including	Office Sought: House	Dishussa (Ohiisalisa Ta
Name of reserva continuate	Stale: Senate President President	Diabursement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶
Name of Federal Candidate	Office Sought: House State: Senate District: President	Diaburaement/Obligation For: Primary General Other (specify) ▶
Name of Federal Candidate	Office Sought: House State: Senate District: President	Disburgement/Obligation For: ☐ Primary ☐ General ☐ Other (specify) ▶
SUBTOTAL of Disbursements/Obligation	ions This Page (optional)	Complement of the second of th
TOTAL This Period (last page this lin (carry total from last page to	e number only)	• 4836.00

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FEC FORM 8 (REV. 12/2007)

Via FAX

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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(8/2013)