

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

Office Use Only AM 11: 58

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5EC MAIL CENTER

VETERANS FOR CONGRESS

ADDRESS (number and street) **519 EAST INTERSTATE 30**
SUITE 310

Check if different than previously reported. (ACC)

ROCKWALL TX 75087 - 5408

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

C 00563395

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y **04 / 01 / 2014** through M M / D D / Y Y Y Y **06 / 30 / 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 **MELISSA ANN ARTERBURN**

Signature of Treasurer *Melissa Ann Arterburn*

Date M M / D D / Y Y Y Y **01 / 07 / 2015**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VETERANS FOR CONGRESS

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		000
(b) Cash on Hand at Beginning of Reporting Period.....	000	
(c) Total Receipts (from Line 19).....	1000000	1000000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1000000	1000000
7. Total Disbursements (from Line 31).....	1000000	1000000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	000	000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

VETERANS FOR CONGRESS

Report Covering the Period: From:

04 / 01 / 2014

To:

06 / 30 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

9 9 0 0 0 0

9 9 0 0 0 0

1 0 0 0 0

1 0 0 0 0

1 0 0 0 0 0 0

1 0 0 0 0 0 0

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0 0 0

0 0 0

0 0 0

0 0 0

1 0 0 0 0 0 0

0 0 0

12. Transfers From Affiliated/Other Party Committees.....

0 0 0

0 0 0

13. All Loans Received.....

0 0 0

0 0 0

14. Loan Repayments Received.....

0 0 0

0 0 0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0 0 0

0 0 0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0 0 0

0 0 0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0 0 0

0 0 0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

0 0 0

0 0 0

- (b) Levin Funds (from Schedule H5).....

0 0 0

0 0 0

- (c) Total Transfers (add 18(a) and 18(b))..

0 0 0

0 0 0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1 0 0 0 0 0 0

1 0 0 0 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1 0 0 0 0 0 0

1 0 0 0 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0 0 0	0 0 0
(ii) Non-Federal Share.....	1 0 0 0 0 0 0	1 0 0 0 0 0 0
(b) Other Federal Operating Expenditures	0 0 0	0 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1 0 0 0 0 0 0	1 0 0 0 0 0 0
22. Transfers to Affiliated/Other Party Committees.....	0 0 0	0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0 0 0	0 0 0
24. Independent Expenditures (use Schedule E)	0 0 0	0 0 0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0 0 0	0 0 0
26. Loan Repayments Made.....	0 0 0	0 0 0
27. Loans Made.....	0 0 0	0 0 0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0 0 0	0 0 0
(b) Political Party Committees	0 0 0	0 0 0
(c) Other Political Committees (such as PACs).....	0 0 0	0 0 0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0 0 0	0 0 0
29. Other Disbursements	0 0 0	0 0 0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0 0 0	0 0 0
(ii) "Levin" Share.....	0 0 0	0 0 0
(b) Federal Election Activity Paid Entirely With Federal Funds	0 0 0	0 0 0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0 0 0	0 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1 0 0 0 0 0 0	1 0 0 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 0 0 0 0 0 0	1 0 0 0 0 0 0

DUPLICATE ORIGINAL

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	10 000 000	1 000 000 00
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10 000 000	1 000 000 00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1 000 000 00	1 000 000 00
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1 000 000 00	1 000 000 00

FROM FORM 3X

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 3

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)
VETERANS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. ROBERT AMICK

Mailing Address
UNKNOWN

City **ROCKWALL** State **TX** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **200000**

Date of Receipt
04 / 25 / 2014

Amount of Each Receipt this Period
200000

Full Name (Last, First, Middle Initial)
B. JOE FOX

Mailing Address
UNKNOWN

City **ROCKWALL** State **TX** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNKNOWN** Occupation **UNKNOWN**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **100000**

Date of Receipt
04 / 25 / 2014

Amount of Each Receipt this Period
100000

Full Name (Last, First, Middle Initial)
C. WILLIAM LOFLUND

Mailing Address
105 E. KAUFMAN DRIVE

City **ROCKWALL** State **TX** Zip Code **75087**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **100000**

Date of Receipt
05 / 09 / 2014

Amount of Each Receipt this Period
100000

SUBTOTAL of Receipts This Page (optional) **400000**

TOTAL This Period (last page this line number only) **400000**

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

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

FOR LINE NUMBER: PAGE 2 OF 3
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
VETERANS FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. JOHN TURNER

Mailing Address **PO BOX 2254**

City **ROCKWALL** State **TX** Zip Code **75087**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNKNOWN** Occupation **UNKNOWN**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **1 0 0 0 0 0**

Date of Receipt
05 / 12 / 2014

Amount of Each Receipt this Period
1 0 0 0 0 0

Full Name (Last, First, Middle Initial)
B. HARBER

Mailing Address **377 NEVADA LANE**

City **DENISON** State **TX** Zip Code **75020**

FEC ID number of contributing federal political committee. **C**

Name of Employer **UNKNOWN** Occupation **UNKNOWN**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **1 0 0 0 0 0**

Date of Receipt
05 / 19 / 2014

Amount of Each Receipt this Period
1 0 0 0 0 0

Full Name (Last, First, Middle Initial)
C. TONY & MELISSA ARTERBURN

Mailing Address **3018 CAMBRIDGE DRIVE**

City **ROWLETT** State **TX** Zip Code **75088**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF** Occupation **ENTREPRENEUR**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **1 4 0 0 0 0**

Date of Receipt
05 / 20 / 2014

Amount of Each Receipt this Period
1 4 0 0 0 0

SUBTOTAL of Receipts This Page (optional).....▶

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

3 4 0 0 0 0

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 3 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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)
VETERANS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **WILLIAM CHANNEL JR**

Mailing Address **26040 YNEZ ROAD**

City **TEMECULA** State **CA** Zip Code **92592**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHANNEL COMMERCIAL CORP** Occupation **CEO**

Receipt For:
 Primary General
 Other (specify) **VETERANS IN CONGRESS EVENT IN DC**

Aggregate Year-to-Date **250000**

Date of Receipt
05 / 20 / 2014

Amount of Each Receipt this Period
250000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250000
TOTAL This Period (last page this line number only).....▶	990000

COUNTDOWN

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
VETERANS FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only)	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) VETERANS FOR CONGRESS	FEC IDENTIFICATION NUMBER C 00563395
---	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %
---	-------------------------	--------------------------------

Mailing Address	Date Incurred or Established	MM / DD /	YYYY	Date Due	MM / DD /	YYYY
City State Zip Code						

A. Has loan been restructured? No Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

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?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: MM / DD / YYYY Address: _____

City, State, Zip: _____

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.

G. COMMITTEE TREASURER Typed Name Signature	DATE MM / DD / YYYY
---	------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- 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.
- 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.
- 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.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE MM / DD / YYYY
--	-------	------------------------

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;">VETERANS FOR CONGRESS</p>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; text-align: center; font-family: monospace; font-size: 1.2em;"> C 00563395 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date of Public Distribution/Dissemination MM / DD / YYYY Amount XXXXXXXXXXXXXXXXXXXX Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure _____ Category/Type XXXX	Name of Federal Candidate _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought XXXXXXXXXXXX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date of Public Distribution/Dissemination MM / DD / YYYY Amount XXXXXXXXXXXXXXXXXXXX Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure _____ Category/Type XXXX	Name of Federal Candidate _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought XXXXXXXXXXXX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	XXXXXXXXXXXXXXXXXXXX
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	XXXXXXXXXXXXXXXXXXXX
(c) TOTAL Independent Expenditures.....▶	XXXXXXXXXXXXXXXXXXXX

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE OF
FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) VETERANS FOR CONGRESS	<input type="checkbox"/> Check if 24-hour notice
---	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee Mailing Address City State ZIP Code
---	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City State Zip Code	Amount	<input type="checkbox"/>
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: _____ District: _____	Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City State Zip Code	Amount	<input type="checkbox"/>
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: _____ District: _____	Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/Type
Mailing Address	Date	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
City State Zip Code	Amount	<input type="checkbox"/>
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: _____ District: _____	Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

LINDA L. WILSON

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
VETERANS FOR CONGRESS

NAME OF ACCOUNT NO TRANSFERS FROM NONFEDERAL ACCOUNTS	DATE OF RECEIPT <table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> </table>	MM	DD	YYYY	TOTAL AMOUNT TRANSFERRED <table border="1"> <tr> <td> </td> </tr> </table>	
MM	DD	YYYY				

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

--

ii) Generic Voter Drive

--

iii) Exempt Activities

--

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

--

b) _____

--

c) Total Amount Transferred For Direct Fundraising

--

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

--

b) _____

--

c) Total Amount Transferred For Direct Candidate Support

--

vi) Public Communications Referring Only to Party (Made by PAC)

--

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

--

TOTAL This Period (Generic Voter Drive)

--

TOTAL This Period (Exempt Activities)

--

TOTAL This Period (Direct Fundraising)

--

TOTAL This Period (Direct Candidate Support)

--

TOTAL This Period (Public Communications Referring Only to Party)

--

TOTAL This Period (Total Amount Transferred)

--

11/11/11 11:11:11

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
VETERANS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KRISTEN FEDEWA AND ASSOCIATES

Mailing Address **1629A HUNTING CREEK DR**

City **ALEXANDREA** State **VA** Zip Code **22314**

Purpose of Disbursement: **PROMISED 10000 TO MRS FEDEWA TO BE GOLD SPONSOR AT EVENT.**

Activity or Event Identifier: **DONATED 10,000.00 TO BE A GOLD SPONSOR AT THE WASHINGTON TIMES MEMORIAL DAY TRIBUTE TO VETERANS IN CONGRESS**

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date: **1000000**

Date: **05 / 21 / 2014**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
		1000000		1000000

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date:

Date:

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				1000000

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
				1000000

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full) **VETERANS FOR CONGRESS**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION	<input type="text"/>
Total Amount Transferred for Voter Registration.....		
ii) Voter ID	VOTER ID	<input type="text"/>
Total Amount Transferred for Voter ID		
iii) GOTV	GOTV	<input type="text"/>
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	<input type="text"/>
Total Amount Transferred for Generic Campaign Activity		

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION	<input type="text"/>
Total Amount Transferred for Voter Registration.....		
ii) Voter ID	VOTER ID	<input type="text"/>
Total Amount Transferred for Voter ID		
iii) GOTV	GOTV	<input type="text"/>
Total Amount Transferred for GOTV		
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY	<input type="text"/>
Total Amount Transferred for Generic Campaign Activity		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	<input type="text"/>
TOTAL This Period (Voter ID)	<input type="text"/>
TOTAL This Period (GOTV).....	<input type="text"/>
TOTAL This Period (Generic Campaign Activity).....	<input type="text"/>
TOTAL This Period (Total Amount of Transfers Received).....	<input type="text"/>

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
VETERANS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Date			
Purpose of Disbursement			Category/Type			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Date			
Purpose of Disbursement			Category/Type			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name			Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign			
Mailing Address			Allocated Activity or Event Year-To-Date			
City	State	Zip Code	Date			
Purpose of Disbursement			Category/Type			
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page						
FEDERAL SHARE		+	LEVIN SHARE		=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))						
FEDERAL SHARE			LEVIN SHARE		=	TOTAL AMOUNT
TOTAL This Period for the Levin Share						

CERTIFIED MAIL™



7011 2970 0001 5850 654F

RECEIVED
PRIORITY MAIL
POSTAGE REQUIRED
2015 JUL 13 AM 11:58

SEAL FIRMLY TO SEAL

★ MAIL ★

- DATE OF DELIVERY SPECIFIED*
- USPS TRACKING™ INCLUDED*
- INSURANCE INCLUDED*
- PICKUP AVAILABLE

* Domestic only

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

FROM:

PAK NPOST
519 1-30 #310
ROCKWALL, TX 75087
(972) 771-9544

neopostSM
01/08/2015
US POSTAGE
PRIORITY MAIL
ComBasPrice
\$11.05⁰
ZIP 75087
041L11225572



Federal Elections Commission
999 E Street, NW
Washington, DC
20463

VISIT US AT USPS.COM[®]
ORDER FREE SUPPLIES ONLINE



July 2013
5 x 9.5



This packaging is the property of the U.S. Postal Service and is provided solely for use in sending Priority Mail® shipments. Misuse may be a

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 checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>1/8/15</i>
<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
	Next Business Day Delivery <input type="checkbox"/>
<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 type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SJL

1/15/15

PREPARER

DATE PREPARED

(8/2013)

1042011-1-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100