

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Stivers For Congress

ADDRESS (number and street)

4679 Winterset Drive

Check if different
than previously
reported. (ACC)

Columbus

OH

43220-8113

2. FEC IDENTIFICATION NUMBER ▼

C

C00441352

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

OH

15

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)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
05 06 2014in the
State of

OH

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / 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
04 16 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 J. Matthew Yuskewich

Signature of Treasurer

J. Matthew Yuskewich

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 24 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.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

Stivers For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	41275	1649690.02
(b) Total Contribution Refunds (from Line 20(d))	0	3125
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	41275	1646565.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9618.72	668101.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9618.72	668101.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1132258.7	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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 / 20

Write or Type Committee Name

Stivers For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

23850

345255

(ii) Unitemized.....

425

415372.93

(iii) TOTAL of contributions from individuals ▶

24275

760627.93

(b) Political Party Committees.....

0

250

(c) Other Political Committees (such as PACs).....

17000

888812.09

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

41275

1649690.02

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

73.09

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

41275

1649763.11

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9618.72	668101.19
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	1825
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs)	0	1300
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	3125
21. OTHER DISBURSEMENTS	0	198348.55
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9618.72	869574.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1100602.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41275
25. SUBTOTAL (add Line 23 and Line 24).....	1141877.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9618.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1132258.7

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 20

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

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)
Stivers For Congress

A. Full Name (Last, First, Middle Initial)
Dr. Hal H Taylor III

Mailing Address 3026 Carriage Lane

City State Zip Code
Columbus OH 43221-4900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Veterinarian

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2014

Transaction ID : A-CF14541

Amount of Each Receipt this Period

250

B. Full Name (Last, First, Middle Initial)
Ms. Druann Kendrick

Mailing Address 112 N 2nd Street

City State Zip Code
Ripley OH 45167-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Homemaker

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1700

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2014

Transaction ID : A-CF14543

Amount of Each Receipt this Period

100

C. Full Name (Last, First, Middle Initial)
Mr. Donald E. Garlikov

Mailing Address 41 S High Street
Suite 3400

City State Zip Code
Columbus OH 43215-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garlikov CompaniesOccupation
Executive

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3100

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : A-CF14553

Amount of Each Receipt this Period

2100

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

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

2450.00

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 20

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial)
Mr. Donald E. Garlikov

Mailing Address **41 S High Street**
Suite 3400

City **Columbus** State **OH** Zip Code **43215-6139**

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

Name of Employer **Garlikov Companies** Occupation **Executive**

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
3100

Date of Receipt

M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : **A-CF14554**

Amount of Each Receipt this Period

500

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey L. Asman

Mailing Address **4158 Bright Road**

City **Dublin** State **OH** Zip Code **43016-8229**

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

Name of Employer **The Painting Co.** Occupation **Owner**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : **A-CF14570**

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
Ms. Ann B. Crane

Mailing Address **3600 Kitzmiller Road**

City **New Albany** State **OH** Zip Code **43054-9776**

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

Name of Employer **Crane Group Co.** Occupation **President and CEO**

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
2600

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : **A-CF14567**

Amount of Each Receipt this Period

1300

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

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

2300.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial) Mr. Jason R. Downey		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 300 W Spring Street Unit 1205		Transaction ID : A-CF14566	
City Columbus	State OH	Zip Code 43215-7656	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C		Name of Employer Diamond Hill Investments	
Occupation Research Analyst		Election Cycle-to-Date 2300	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name (Last, First, Middle Initial) Ms. Sharon W. Dunn		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 6057 Johnstown Road		Transaction ID : A-CF14568	
City New Albany	State OH	Zip Code 43054-9581	Amount of Each Receipt this Period 2600
FEC ID number of contributing federal political committee. C		Name of Employer Homemaker	
Occupation Homemaker		Election Cycle-to-Date 2600	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name (Last, First, Middle Initial) Mr. William Ebbing		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 11 Keswick Cmns		Transaction ID : A-CF14576	
City New Albany	State OH	Zip Code 43054-8231	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C		Name of Employer New Albany Company	
Occupation Executive		Election Cycle-to-Date 500	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional).....		3600.00	
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial) Ms. Mary M. Finn		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 3917 Olentangy River Road		Transaction ID : A-CF14557	
City Columbus	State OH	Zip Code 43214-2965	Amount of Each Receipt this Period 2600
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Community Volunteer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600		
B. Full Name (Last, First, Middle Initial) Mr. Michael Gonsiorowski		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 155 E Broad Street		Transaction ID : A-CF14583	
City Columbus	State OH	Zip Code 43215-3609	Amount of Each Receipt this Period 500
FEC ID number of contributing federal political committee. C			
Name of Employer PNC - Central Region	Occupation President/CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500		
C. Full Name (Last, First, Middle Initial) Mr. Brian K Hicks		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 21 East State Steet Suite 2200		Transaction ID : A-CF14577	
City Columbus	State OH	Zip Code 43215	Amount of Each Receipt this Period 800
FEC ID number of contributing federal political committee. C			
Name of Employer Hicks Partners LLC	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3100		
SUBTOTAL of Receipts This Page (optional).....		3900.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial) Mr. Brian K Hicks		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		16		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
04		16		2014										
Mailing Address 21 East State Steet Suite 2200		Transaction ID : A-CF14578												
City Columbus	State OH	Zip Code 43215	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>											500
										500				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>												500
										500				
Name of Employer Hicks Partners LLC	Occupation President													
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>3100</td> </tr> </table>													3100
										3100				

B. Full Name (Last, First, Middle Initial) Ms. C. Charleen Hinson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		16		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
04		16		2014										
Mailing Address 4520 Kitzmiller Road		Transaction ID : A-CF14579												
City New Albany	State OH	Zip Code 43054-9565	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>800</td> </tr> </table>											800
										800				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>800</td> </tr> </table>												800
										800				
Name of Employer Homemaker	Occupation Homemaker													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>800</td> </tr> </table>													800
										800				

C. Full Name (Last, First, Middle Initial) Ms. Lisa A. Hinson		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>16</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	04		16		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
04		16		2014										
Mailing Address 7518 Ogden Woods Boulevard		Transaction ID : A-CF14580												
City New Albany	State OH	Zip Code 43054-9634	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>											500
										500				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>												500
										500				
Name of Employer Hinson Communications	Occupation President													
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="10"></td> <td>500</td> </tr> </table>													500
										500				

SUBTOTAL of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="10"></td> <td>1800.00</td> </tr> </table>											1800.00
										1800.00		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>											

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Peter Z. Horvath

Mailing Address 7000 Greensward Road

City

New Albany

State

OH

Zip Code

43054-8960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Essential Personnel

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14573

Amount of Each Receipt this Period

500

Full Name (Last, First, Middle Initial)

B. Mr. Edgar W Ingram III

Mailing Address 555 W Goodale Street

City

Columbus

State

OH

Zip Code

43215-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer

White Castle, Inc.

Occupation

CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

5200

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14581

Amount of Each Receipt this Period

2600

Full Name (Last, First, Middle Initial)

C. Ms. Mary Leavitt

Mailing Address 1050 Stoney Creek Road

City

Columbus

State

OH

Zip Code

43235-3457

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Flag Lady's Flag Store

Occupation

Founder/owner

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14574

Amount of Each Receipt this Period

500

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

3600.00

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

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 11 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stivers For Congress

Full Name (Last, First, Middle Initial) Mr. Jonathan H. Price		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1651 NW Professional Plaza		Transaction ID : A-CF14582
City Columbus	State OH	Zip Code 43220-3866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500
Name of Employer CBC Companies	Occupation CEO	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500	

Full Name (Last, First, Middle Initial) Ms. Angela Thompson		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 5555 Winston Court		Transaction ID : A-CF14571
City Dallas	State TX	Zip Code 75220-2156
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	

Full Name (Last, First, Middle Initial) Mr. Mark Wagenbrenner		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1289 Grandview Avenue		Transaction ID : A-CF14584
City Columbus	State OH	Zip Code 43212-3438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600
Name of Employer Wagenbrenner Realty	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

Full Name (Last, First, Middle Initial)

Dr. J. Geoffrey Wiot

Mailing Address 8188 Tillinghast Drive

City

Dublin

State

OH

Zip Code

43017-8843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside RadiologyOccupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14575

Amount of Each Receipt this Period

500

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)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y 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).....

500.00

23850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

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

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NAME OF COMMITTEE (In Full)
Stivers For CongressFull Name (Last, First, Middle Initial)
A. National Association Of Independent Life Brokerage Agencies Pac (nailba Pac)Mailing Address 228 S Washington Street
Suite 115City State Zip Code
Alexandria VA 22314-5404FEC ID number of contributing
federal political committee.**C** C00422204

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000

Date of Receipt

M M / D D / Y Y Y Y
04 09 2014

Transaction ID : A-CF14545

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)
B. Nomura Holding America Inc, Political Action Committee (nomurapac)Mailing Address 1101 Pennsylvania Avenue NW
Suite 515City State Zip Code
Washington DC 20004-2528FEC ID number of contributing
federal political committee.**C** C00491951

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2500

Date of Receipt

M M / D D / Y Y Y Y
04 09 2014

Transaction ID : A-CF14544

Amount of Each Receipt this Period

1000

Full Name (Last, First, Middle Initial)
C. AFLAC Inc PAC

Mailing Address 1932 Wynnton Road

City State Zip Code
Columbus GA 31999-0001FEC ID number of contributing
federal political committee.**C** C00034157

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : A-CF14559

Amount of Each Receipt this Period

1000

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

3000.00

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

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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial) Amfam Federal Pac		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 6000 American Parkway		Transaction ID : A-CF14558	
City Madison	State WI	Zip Code 53783-0001	Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C C00354290			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000	
B. Full Name (Last, First, Middle Initial) Federal Bipartisan Voluntary Public Affairs Committee Of The Pnc Financial Services Group,		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 249 5th Avenue Floor 21		Transaction ID : A-CF14562	
City Pittsburgh	State PA	Zip Code 15222-2707	Amount of Each Receipt this Period 1500
FEC ID number of contributing federal political committee. C C00186064			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500	
C. Full Name (Last, First, Middle Initial) Principal Life Insurance Company Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 711 High Street Government Rela		Transaction ID : A-CF14560	
City Des Moines	State IA	Zip Code 50392-0001	Amount of Each Receipt this Period 1500
FEC ID number of contributing federal political committee. C C00128918			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500	
SUBTOTAL of Receipts This Page (optional).....		4000.00	
TOTAL This Period (last page this line number only).....			

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

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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial) Tenaska Inc Employees Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1044 N 115th Street Suite 400		Transaction ID : A-CF14561
City Omaha	State NE	
Zip Code 68154-4410		Amount of Each Receipt this Period _____ 1000
FEC ID number of contributing federal political committee. C C00479998		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000	

B. Full Name (Last, First, Middle Initial) Boeing Company Political Action Committee, The		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 1200 Wilson Boulevard		Transaction ID : A-CF14563
City Arlington	State VA	
Zip Code 22209-2300		Amount of Each Receipt this Period _____ 1000
FEC ID number of contributing federal political committee. C C00142711		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000	

C. Full Name (Last, First, Middle Initial) Caresource Management Group Co PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address One Dayton Centre		Transaction ID : A-CF14569
City Dayton	State OH	
Zip Code 45402		Amount of Each Receipt this Period _____ 500
FEC ID number of contributing federal political committee. C C00424879		
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500	

SUBTOTAL of Receipts This Page (optional).....	_____ 2500.00
TOTAL This Period (last page this line number only).....	_____

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)

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial)
Employees Of Northrop Grumman Corporation Pac

Mailing Address 2980 Fairview Park Drive

City Falls Church	State VA	Zip Code 22042-4511
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 2500

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF14589

Amount of Each Receipt this Period

2500

B. Full Name (Last, First, Middle Initial)
Metlife Inc PAC

Mailing Address 1620 L Street NW
 Suite 800

City Washington	State DC	Zip Code 20036-5629
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 6000

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF14564

Amount of Each Receipt this Period

1000

C. Full Name (Last, First, Middle Initial)
Metlife Inc PAC

Mailing Address 1620 L Street NW
 Suite 800

City Washington	State DC	Zip Code 20036-5629
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00040923

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 6000

Date of Receipt

M M / D D / Y Y Y Y
04 / 16 / 2014

Transaction ID : A-CF14565

Amount of Each Receipt this Period

1000

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

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

4500.00

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 17 OF 20

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

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NAME OF COMMITTEE (In Full)
Stivers For Congress

A. Full Name (Last, First, Middle Initial)
Political Action Committee Of The American Association Of Orthopaedic Surgeons

Mailing Address 317 Massachusetts Avenue NE

City	State	Zip Code
Washington	DC	20002-5769

FEC ID number of contributing federal political committee.

C C00343137

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14572

Amount of Each Receipt this Period

1500

B. Full Name (Last, First, Middle Initial)
PPG Better Government Team

Mailing Address 1 Ppg Place
Floor 40

City	State	Zip Code
Pittsburgh	PA	15222-5415

FEC ID number of contributing federal political committee.

C C00034298

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14588

Amount of Each Receipt this Period

500

C. Full Name (Last, First, Middle Initial)
State Farm Mutual Automobile Insurance Company Federal PAC

Mailing Address 1 State Farm Plaza

City	State	Zip Code
Bloomington	IL	61710-0001

FEC ID number of contributing federal political committee.

C C00544817

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : A-CF14590

Amount of Each Receipt this Period

1000

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

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

3000.00

17000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

<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

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NAME OF COMMITTEE (In Full)

Stivers For Congress

Full Name (Last, First, Middle Initial)

A. Huntington National Bank

Mailing Address 41 S High Street

City	State	Zip Code
Columbus	OH	43215-6170

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

604.69

Transaction ID : B-E-14592

B. Huntington National Bank

Mailing Address 41 S High Street

City	State	Zip Code
Columbus	OH	43215-6170

Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

35

Transaction ID : B-E-14593

C. Huntington National Bank

Mailing Address 41 S High Street

City	State	Zip Code
Columbus	OH	43215-6170

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

14.2

Transaction ID : B-E-14594

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

653.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

<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

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NAME OF COMMITTEE (In Full)

Stivers For Congress

Full Name (Last, First, Middle Initial)

A. ConferenceCall.com

Mailing Address PO Box 409573

City	State	Zip Code
Atlanta	GA	30384-9573

Purpose of Disbursement
Telephone

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

927.83

Transaction ID : B-E-14540

B. The Strategy Group Company

Mailing Address 7669 Stagers Loop

City	State	Zip Code
Delaware	OH	43015-7010

Purpose of Disbursement
Polling: Teleforum

005

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

2900

Transaction ID : B-E-14539

C. Athens County Republican Party

Mailing Address 27 Grand Park Boulevard

City	State	Zip Code
Athens	OH	45701-1439

Purpose of Disbursement
Fundraising: Event Tickets

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

125

Transaction ID : B-E-14546

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

3952.83

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 20

<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

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NAME OF COMMITTEE (In Full)

Stivers For Congress

Full Name (Last, First, Middle Initial)

A. Franklin County Republican Party

Mailing Address 14 E Gay Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

City	State	Zip Code
Columbus	OH	43215-3142

Amount of Each Disbursement this Period

\$	5000
----	------

Purpose of Disbursement
Political Contribution: Contribution

011

Transaction ID : B-E-14548

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

\$	
----	--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

\$	
----	--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

5000.00

9606.72