

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 14 APR 17 PM 2:57 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Crown For US Senate

ADDRESS (number and street) PRO BOX 825 Chickasha OK 73023-0825

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 0464995683 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- X 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 in the State of

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

- General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 03 05 2014 through 03 31 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 Jimmie Kreizenbeck

Signature of Treasurer Jimmie Kreizenbeck Date 04 12 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 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3 (Revised 02/2003)

14020252445

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Crow For US Senate

Report Covering the Period:

From:

03 05 2014

To:

03 31 2014

	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))...	<i>2,001.00</i>	
(b) Total Contribution Refunds (from Line 20(d))..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	<i>2,001.00</i>	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)..	<i>0.00</i>	
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	<i>0.00</i>	
8. Cash on Hand at Close of Reporting Period (from Line 27)...	<i>2,001.00</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	<i>0.00</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	<i>0.00</i>	

For further information contact:

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

Toll Free 800-474-9530
Local 202-694-1100

14020252446

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: M D Y Y To: M M D Y Y Y

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)...	2,000.00	
(ii) Unitemized		
(iii) TOTAL of contributions from individuals		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	2,001.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...		
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	2,001.00	

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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...		
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs) ..		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►		0.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	2,001.00
25. SUBTOTAL (add Line 23 and Line 24)...	2,001.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	2,001.00

14020252448

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

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input 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)
Crow For US Senate

Full Name (Last, First, Middle Initial) A. Christie Kern		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address PO Box 263		Amount of Each Receipt this Period 1.00
City Chickasha	State Zip Code OK 73023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.00
Name of Employer SF of OK	Occupation Auditor	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1.00	

Full Name (Last, First, Middle Initial) B. Mary Braum		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address		Amount of Each Receipt this Period 100.00
City Tuttle	State Zip Code OK 73069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Owner Braum's Dairy	Occupation Owner	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) C. JR Trammell		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address PO Box 661		Amount of Each Receipt this Period 100.00
City Chickasha	State Zip Code OK 73023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

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

14020252449

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

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Mary Eisenhour

Mailing Address 796 County St 2810

City Minco State OK Zip Code 73059

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt 03/11/2014

Amount of Each Receipt this Period 40.00

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

Mailing Address PO Box 714

City Chickasha State OK Zip Code 73023

FEC ID number of contributing federal political committee. C

Name of Employer USAO Occupation College Professor

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt 03/11/2014

Amount of Each Receipt this Period 50.00

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

Mailing Address 796 County St 2810

City Minco State OK Zip Code 73059

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date

Date of Receipt 03/11/2014

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020252450

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)

A. Full Name (Last, First, Middle Initial)
Mildred McMillan

Mailing Address
612 N Locust Ter

City Mustang State OK Zip Code 73064

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Receipt this Period
200.00

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

Mailing Address
809 Hickory Stick Dr

City Chickasha State OK Zip Code 73018

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Receipt this Period
40.00

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

Mailing Address
809 Hickory Stick Dr

City Chickasha State OK Zip Code 73018

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Receipt this Period
20.00

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

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

14020252451

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		OF
<input type="checkbox"/> 11a	<input 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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Richard Martin

Mailing Address

202 Flanders Dr

City

Chickasha

State

OK

Zip Code

73018

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Unknown

Receipt For:

Primary General

Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

03 11 2014

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jay Powell

Mailing Address

716 Hunt Club

City

Blanchard

State

OK

Zip Code

73010

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Student

Receipt For:

Primary General

Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

03 11 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Mica Doane

Mailing Address

Rt 2 Box 82

City

Meno

State

OK

Zip Code

73760

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

US Post Office

Receipt For:

Primary General

Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

03 11 2014

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020252452

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	OF
<input type="checkbox"/> 11a	<input 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	

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)
A. Fou Streetman

Mailing Address
PO Box 1984

City
Chickasha State OK Zip Code 730023

FEC ID number of contributing federal political committee.
C

Name of Employer
Self Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M ' D D ' Y Y Y Y
03 11 2014

Amount of Each Receipt this Period
200.00

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

Mailing Address
5 St Vincent Circle Suite 302

City
Little Rock State AR Zip Code 73206

FEC ID number of contributing federal political committee.
C

Name of Employer
Self Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M ' D D ' Y Y Y Y
03 25 2014

Amount of Each Receipt this Period
500.00

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

Mailing Address
973 Barkley Circle

City
Norman State OK Zip Code 73071

FEC ID number of contributing federal political committee.
C

Name of Employer
Unknown Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M ' D D ' Y Y Y Y
03 28 2014

Amount of Each Receipt this Period
25.00

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

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

14020252453

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input 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)
 Full Name (Last, First, Middle Initial)

A. Joe Smith
 Mailing Address: 1601 Norman Rd
 City: Enid State: OK Zip Code: 73703
 FEC ID number of contributing federal political committee: C
 Name of Employer: Occupation: Unknown
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date: 250.00

Date of Receipt: 03 31 2014
 Amount of Each Receipt this Period: 250.00

B. W. J. Maul
 Mailing Address: PO Box 5989
 City: Enid State: OK Zip Code: 73702
 FEC ID number of contributing federal political committee: C
 Name of Employer: Occupation: Unknown
 Receipt For: Primary General Other (specify)
 Election Cycle-to-Date: 25.00

Date of Receipt: 03 31 2014
 Amount of Each Receipt this Period: 25.00

C.
 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:
 Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (last page this line number only) 2,001.00

14020252454

**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)

PAGE OF

<input 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)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D Y Y Y Y

Amount of Each Disbursement this Period

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

000

14020252455

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M	M M	% (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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....	▶
TOTALS This Period (last page in this line only) ..	▶ 0.00

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

14020252456

**SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...

2) TOTALS This Period (last page this line number only) ...

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ...

0.00

14020252457

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
		From:		To:		
		M M / D Y Y Y Y		M M / D Y Y Y Y		
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A				2001.00	0	
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	2001.00	0	0	0
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	2001.00	0	0
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	0	0	0	2001.00	0
B						
	(aa) Line No. 10 Debts & Obligation Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	2001.00	0			
B						

14020252458

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)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due		

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance: **0.00**

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).
 Date account established: _____ Location of account: _____
 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 _____ DATE _____
 Signature _____

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 _____ DATE _____
 Signature _____ Title _____

14020252459

FLY URGENT

Schedule package pickup right from your home or office at usps.com/pickup
Print postage online

addressee

FAMILY

PLEASE PRESS F11



1007

U.S. POSTAGE
PAID
CLINTON, OK
73501
APR 14 14
AMOUNT

\$19.99
00-43235-03



EXPRESS MAIL

POSTAL SERVICE

EXTREMELY URGENT

Please Rush To Addressee

Flat Rate Envelope
Visit us at usps.com

PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).

USER USE ONLY
(PLEASE PRINT)

PHONE () - () - ()

BY THE SERVICE POST OFFICE

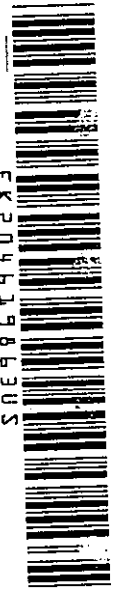
PRINT BY ACCOUNT (if applicable)

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

FEATURE OPTIONS (Customer Use Only)
NATURE REQUIRED Here. The maker must check the "Signature Required" box if the maker: 1) is the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) is Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's package or other secure location without attempting to obtain the addressee's signature on delivery.
Signature Required (Signature Required)
Additional Insurance
Return Receipt
COD Service
Saturday Delivery (delivered next business day)
Sunday/Holiday Delivery Required (additional fee, where available)
10:30 AM Delivery Required (additional fee, where available)
Refer to USPS.com® or local Post Office™ for availability.

LEASE FROM PHONE () - () - ()



PRIORITY MAIL EXPRESS

PO ZIP Code	Scheduled Delivery Date (MMDDYY)	Postage	Insurance Fee	COD Fee
Date Accepted (MMDDYY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee	
	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM			
Time Accepted	10:30 AM Delivery Fee			
<input type="checkbox"/> AM <input type="checkbox"/> PM				
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees		
<input type="checkbox"/> Flat Rate				
lbs.	Acceptance Employee Initials			
DELIVERY (POSTAL SERVICE USE ONLY)				
Delivery Address (MMDDYY)	Time	Employee Signature		
	<input type="checkbox"/> AM <input type="checkbox"/> PM			

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09475702091

NANCY ERICKSON
SECRETARY

DANA K. McCALLUM
SUPERINTENDENT
HARY SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7111
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 4/14/14 _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

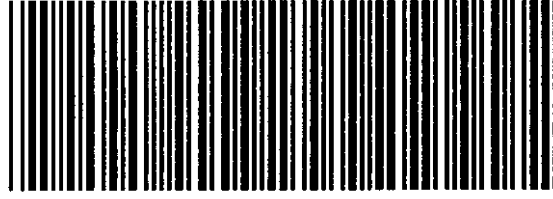
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

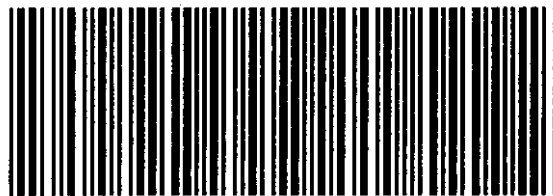
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-17-14

14020252461



SEN PATCH



SEN PATCH

14020252462