

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Declare Your Independence

ADDRESS (number and street)

312 SW Greenwich Drive #340

Check if different than previously reported. (ACC)

Lee's Summit

MO

64082

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00681528

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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY 07 / 01 / 2018

through

MM / DD / YYYY 09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McConn, Matthew, , ,

Type or Print Name of Treasurer

Signature of Treasurer

McConn, Matthew, , ,

[Electronically Filed]

Date

MM / DD / YYYY 10 / 15 / 2018

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. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Declare Your Independence

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3582.00"/>	<input type="text" value="3582.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="3582.00"/>	<input type="text" value="3582.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3553.03"/>	<input type="text" value="3553.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28.97"/>	<input type="text" value="28.97"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="4115.69"/>	

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

Declare Your Independence

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2018 To: MM / DD / YYYY 09 / 30 / 2018

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	3582.00	3582.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3582.00	3582.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3582.00	3582.00

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1528.53	1528.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1528.53	1528.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2024.50	2024.50
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3553.03	3553.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3553.03	3553.03

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1528.53	1528.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1528.53	1528.53

**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 6 OF 12
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" 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)
Declare Your Independence

A. The Sycamore Lane Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3824 SW 170th Street

City Archer	State FL	Zip Code 32618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 27 / 2018

Transaction ID : PAYA25

Amount of Each Receipt this Period
557.50

Memo Item

B. The Sycamore Lane Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3824 SW 170th Street

City Archer	State FL	Zip Code 32618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2018

Transaction ID : PAYA11

Amount of Each Receipt this Period
1000.00

Memo Item

C. The Sycamore Lane Company

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3824 SW 170th Street

City Archer	State FL	Zip Code 32618
----------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3582.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2018

Transaction ID : PAYA18

Amount of Each Receipt this Period
2024.50

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3582.00
TOTAL This Period (last page this line number only).....	3582.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Declare Your Independence

Full Name (Last, First, Middle Initial)

A. Political Hype LLC

Mailing Address 550 Okeechobee Boulevard, Suite 14

City
West Palm Beach

State
FL

Zip Code
33401

Purpose of Disbursement
Consulting

003

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 18 / 2018

FEC Identification Number

C

Transaction ID : EXPB12

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. S.E. Owens & Company

Mailing Address 5940 College Avenue, Suite F

City
Oakland

State
CA

Zip Code
94618

Purpose of Disbursement
Accounting & Compliance Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 09 / 2018

FEC Identification Number

C

Transaction ID : EXPB4

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1500.00

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

1500.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC25**
Declare Your Independence

LOAN SOURCE Full Name (Last, First, Middle Initial) The Sycamore Lane Company		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3824 SW 170th Street			
City Archer	State FL	ZIP Code 32618	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
557.50	0.00	557.50

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 07 / 27 / 2018	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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)	557.50
TOTALS This Period (last page in this line only)	[]
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 (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC11**
Declare Your Independence

LOAN SOURCE Full Name (Last, First, Middle Initial) The Sycamore Lane Company		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3824 SW 170th Street			
City Archer	State FL	ZIP Code 32618	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 10 / 2018	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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)	1000.00
TOTALS This Period (last page in this line only)	[]

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 (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PAYC18**
Declare Your Independence

LOAN SOURCE Full Name (Last, First, Middle Initial) The Sycamore Lane Company		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 3824 SW 170th Street			
City Archer	State FL	ZIP Code 32618	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2024.50	0.00	2024.50

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 17 / 2018	MM / DD / YYYY None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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)	2024.50
TOTALS This Period (last page in this line only)	3582.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 12
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Declare Your Independence

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 5940 College Avenue, Suite F			
City Oakland	State CA	Zip Code 94618	

Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD2	
Amount Incurred This Period 57.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 57.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 5940 College Avenue, Suite F			
City Oakland	State CA	Zip Code 94618	

Outstanding Balance Beginning This Period 0.00		Transaction ID : PAYD23	
Amount Incurred This Period 476.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 476.19	

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)..... ▶	533.69
2) TOTALS This Period (last page this line number only)..... ▶	533.69
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	3582.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	4115.69

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Declare Your Independence
FEC IDENTIFICATION NUMBER
C C00681528

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee BCom Solutions LLC
Mailing Address 919 Central Avenue
City Auburn State NE Zip Code 68305
Purpose of Expenditure Website Development
Category/Type 24E
Date of Public Distribution/Dissemination 08/03/2018
Amount 2000.00
Transaction ID : PDTE1
Date of Disbursement or Obligation 09/19/2018

Name of Federal Candidate: O'Dear, Craig, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

Full Name of Payee BCom Solutions LLC
Mailing Address 919 Central Avenue
City Auburn State NE Zip Code 68305
Purpose of Expenditure Website Hosting
Category/Type 24E
Date of Public Distribution/Dissemination 08/03/2018
Amount 24.50
Transaction ID : PDTE2
Date of Disbursement or Obligation 09/19/2018

Name of Federal Candidate: O'Dear, Craig, ,
Support Oppose
Office Sought: House Senate State: MO
Disbursement For: Primary General 2018 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 2024.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 2024.50

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.

McConn, Matthew, ,

[Electronically Filed]

Date 10/15/2018

Signature