

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

MEYERS, VICTOR S

ADDRESS (number and street)

34900 EASTVIEW RD

Check if different than previously reported. (ACC)

TRINIDAD

CO

81082

2. FEC IDENTIFICATION NUMBER ▼

C C00547661

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CO

04

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 / /

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

/ /

through

/ /

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 Dianne E Bailey

Signature of Treasurer Dianne E Bailey

[Electronically Filed]

Date

/ /

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								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MEYERS, VICTOR S

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

	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))....	2686.74	41660.72
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2686.74	41660.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15470.20	35307.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15470.20	35307.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6358.32	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	5.00	

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)

Write or Type Committee Name

MEYERS, VICTOR S

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

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).....	1575.00	12767.94
(ii) Unitemized.....	1111.74	15892.78
(iii) TOTAL of contributions from individuals ▶	2686.74	28660.72
(b) Political Party Committees.....	0.00	2000.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2686.74	41660.72
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	25.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	25.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2686.74	41685.72

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15470.20	35307.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	20.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	20.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15470.20	35327.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19141.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2686.74
25. SUBTOTAL (add Line 23 and Line 24).....	21828.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15470.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6358.32

**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 5 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Dianne E Bailey		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 21557 Omaha Ave		Transaction ID : SA11AI.5049
City Parker	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
Name of Employer Pyramid Consulting	Occupation Systems Analyst	check
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4720.00	

Full Name (Last, First, Middle Initial) B. Carol Burkhart		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 2733 W 19th St		Transaction ID : SA11AI.5058
City Greeley	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Act Blue
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) C. Terrence Cannon		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 739 N Faver Dr		Transaction ID : SA11AI.5063
City Castle Rock	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer None	Occupation Retired	Act Blue
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 735.00	

SUBTOTAL of Receipts This Page (optional).....	1400.00
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 6 OF 17
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Patricia Davis		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 1709 Harvard St		Transaction ID : SA11AI.5046	
City Longmont	State CO	Zip Code 80503	Amount of Each Receipt this Period _____ 25.00 PayPal
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 525.00		

Full Name (Last, First, Middle Initial) B. Jerri L Hill		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2014	
Mailing Address 12460 N 3rd St		Transaction ID : SA11AI.5022	
City Parker	State CO	Zip Code 80134	Amount of Each Receipt this Period _____ 100.00 check
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-Employed	Occupation Bucknam LLC and Lawyer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 400.00		

Full Name (Last, First, Middle Initial) C. Carolyn Schlesinger		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 7391 Meadow View		Transaction ID : SA11AI.5064	
City Parker	State CO	Zip Code 80134	Amount of Each Receipt this Period _____ 50.00 Act Blue
FEC ID number of contributing federal political committee.		C	
Name of Employer None	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 175.00
TOTAL This Period (last page this line number only).....	_____ 1575.00

**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 7 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.5008
City Sommerville	State MA	
Zip Code 02144	Purpose of Disbursement fees	Category/ Type 001
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District: 04	

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 10.48 Transaction ID : SB17.5784
City Sommerville	State MA	
Zip Code 02144	Purpose of Disbursement FEE	Category/ Type 003
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District: 04	

Full Name (Last, First, Middle Initial) c. ActBlue		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 6.92 Transaction ID : SB17.5051
City Sommerville	State MA	
Zip Code 02144	Purpose of Disbursement fee	Category/ Type 003
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	18.40
TOTAL This Period (last page this line number only).....	

**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 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Big R - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 2208 Freedom Rd		Amount of Each Disbursement this Period 20.97 Transaction ID : SB17.5070
City Trinidad	State CO	
Purpose of Disbursement campaign material	Category/ Type 006	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) B. Bridgeport Corporation		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 11020 S Pikes Peak Dr		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.5016
City Parker	State CO	
Purpose of Disbursement rent for office	Category/ Type 001	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) c. Brown Miller Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 220 5th Ave 9th Floor		Amount of Each Disbursement this Period 7851.00 Transaction ID : SB17.5014
City New York	State NY	
Purpose of Disbursement campaign material	Category/ Type 006	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	11871.97
TOTAL This Period (last page this line number only).....	

**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 9 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Corner Store - Pueblo		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 430 W Abriendo Ave		Amount of Each Disbursement this Period 41.18 Transaction ID : SB17.5136
City Pueblo	State CO Zip Code 81004	
Purpose of Disbursement fuel	Category/Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CO District: 04	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Frontier Air Lines		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 988.00 Transaction ID : SB17.5012
City Denver	State CO Zip Code 80249	
Purpose of Disbursement airfare	Category/Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CO District: 04	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Frontier Air Lines		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.5140
City Denver	State CO Zip Code 80249	
Purpose of Disbursement meal	Category/Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CO District: 04	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1054.18
TOTAL This Period (last page this line number only).....	

**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 10 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Frontier Air Lines		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.5141
City Denver	State CO	
Zip Code 80249	Purpose of Disbursement meal	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

Full Name (Last, First, Middle Initial) B. Frontier Air Lines		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.5157
City Denver	State CO	
Zip Code 80249	Purpose of Disbursement meal	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

Full Name (Last, First, Middle Initial) c. Frontier Air Lines		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.5158
City Denver	State CO	
Zip Code 80249	Purpose of Disbursement meal	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

SUBTOTAL of Disbursements This Page (optional).....	75.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Frontier Air Lines		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 5.99 Transaction ID : SB17.5159
City Denver	State CO	
Zip Code 80249	Purpose of Disbursement travel	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

Full Name (Last, First, Middle Initial) B. Frontier Air Lines		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 7001 Tower Rd		Amount of Each Disbursement this Period 15.98 Transaction ID : SB17.5161
City Denver	State CO	
Zip Code 80249	Purpose of Disbursement meal	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

Full Name (Last, First, Middle Initial) c. Loaf N Jug - Pueblo		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 2119 E 4th St		Amount of Each Disbursement this Period 39.47 Transaction ID : SB17.5139
City Pueblo	State CO	
Zip Code 81001	Purpose of Disbursement fuel	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

SUBTOTAL of Disbursements This Page (optional).....	61.44
TOTAL This Period (last page this line number only).....	

**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 12 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Love's Travel - Pueblo		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 6740 N Elizabeth		Amount of Each Disbursement this Period 34.00 Transaction ID : SB17.5114
City Pueblo	State CO	
Purpose of Disbursement fuel	Category/ Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) B. MEYERS, VICTOR S		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 34900 EASTVIEW RD		Amount of Each Disbursement this Period 17.00 Transaction ID : SB17.5818
City TRINIDAD	State CO	
Purpose of Disbursement In-kind - City of Denver - Parking	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) C. MEYERS, VICTOR S		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 34900 EASTVIEW RD		Amount of Each Disbursement this Period 52.74 Transaction ID : SB17.5814
City TRINIDAD	State CO	
Purpose of Disbursement In-kind - Travel Meal - Lefty's Colorado Trail Grille	Category/ Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	103.74
TOTAL This Period (last page this line number only).....	

**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 13 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. William Meyers		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 34900 Eastview Rd		Amount of Each Disbursement this Period 666.40 Transaction ID : SB17.5162
City Trinidad	State CO	
Purpose of Disbursement contract labor	Category/ Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) B. Safeway Fuel - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 457 W Main St		Amount of Each Disbursement this Period 2.90 Transaction ID : SB17.5103
City Trinidad	State CO	
Purpose of Disbursement snack	Category/ Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) c. TLC Real Estate		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 404 East Main Street		Amount of Each Disbursement this Period 507.50 Transaction ID : SB17.5099
City Trinidad	State CO	
Purpose of Disbursement cashiers check for Trinidad office	Category/ Type 001	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	666.40
TOTAL This Period (last page this line number only).....	

**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 14 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Wal Mart - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 2921 Toupal Dr		Amount of Each Disbursement this Period 21.29 Transaction ID : SB17.5084
City Trinidad	State CO	
Purpose of Disbursement campaign material	Category/ Type 006	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) B. Wal Mart - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 2921 Toupal Dr		Amount of Each Disbursement this Period 21.29 Transaction ID : SB17.5102
City Trinidad	State CO	
Purpose of Disbursement campaign	Category/ Type 006	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

Full Name (Last, First, Middle Initial) c. Western Convenience - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address Main		Amount of Each Disbursement this Period 42.68 Transaction ID : SB17.5077
City Trinidad	State CO	
Purpose of Disbursement fuel	Category/ Type 002	
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CO	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	85.26
TOTAL This Period (last page this line number only).....	

**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 15 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Western Convenience - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address Main		Amount of Each Disbursement this Period 24.62
City Trinidad	State CO	
Zip Code 80534	Purpose of Disbursement fuel	Transaction ID : SB17.5097
Candidate Name MEYERS, VICTOR S	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District: 04	

Full Name (Last, First, Middle Initial) B. Western Convenience - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address Main		Amount of Each Disbursement this Period 1.39
City Trinidad	State CO	
Zip Code 80534	Purpose of Disbursement snack	Transaction ID : SB17.5098
Candidate Name MEYERS, VICTOR S	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District: 04	

Full Name (Last, First, Middle Initial) C. Western Convenience - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address Main		Amount of Each Disbursement this Period 44.00
City Trinidad	State CO	
Zip Code 80534	Purpose of Disbursement fuel	Transaction ID : SB17.5111
Candidate Name MEYERS, VICTOR S	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO	District: 04	

SUBTOTAL of Disbursements This Page (optional).....	70.01
TOTAL This Period (last page this line number only).....	

**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 16 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
MEYERS, VICTOR S

Full Name (Last, First, Middle Initial) A. Western Convenience - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address Main		Amount of Each Disbursement this Period 69.14 Transaction ID : SB17.5115
City Trinidad	State CO	
Zip Code 80534	Purpose of Disbursement fuel	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

Full Name (Last, First, Middle Initial) B. Western Convenience - Trinidad		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address Main		Amount of Each Disbursement this Period 43.04 Transaction ID : SB17.5121
City Trinidad	State CO	
Zip Code 80534	Purpose of Disbursement fuel	Category/ Type 002
Candidate Name MEYERS, VICTOR S	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CO District: 04	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	69.14
TOTAL This Period (last page this line number only).....	14075.54

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MEYERS, VICTOR S** Transaction ID : **SC/10.5501**

LOAN SOURCE Full Name (Last, First, Middle Initial) MEYERS, VICTOR S	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 34900 EASTVIEW RD	

City	State	ZIP Code
TRINIDAD	CO	81082

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.00	20.00	5.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
07 / 01 / 2013	12/31/2014	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).....	5.00
TOTALS This Period (last page in this line only).....	5.00

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