

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RELATIONS 13 OCT 25 PM 3:16 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Rick Lemasters for U.S. Senate

ADDRESS (number and street) 250 Bancroft Street Check if different than previously reported. (ACC) Sistersville WV 26175

2. FEC IDENTIFICATION NUMBER C 00544593 3. IS THIS REPORT NEW OR AMENDED N NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT WV

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 in the State of (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 07 01 2013 through 09 30 2013

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 Richard G Lemasters

Signature of Treasurer Richard G. Lemasters Date 10 14 2013

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 grid and FEC FORM 3 (Revised 02/2003)

13020514583

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Rick Lemasters for U.S. Senate

Report Covering the Period: From: 07 / 01 / 2013 To: 09 / 30 / 2013

	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))....	41.97	804.61
(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)).....	41.97	804.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	139.96	552.93
(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)).....	139.96	552.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
	251.68	
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).....		
	0.00	

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

13020514584

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Rick Lemasters for U.S. Senate

Report Covering the Period: From: ^M07 / ^D01 / ^Y2013 To: ^M09 / ^D30 / ^Y2013

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	650.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	41.97	154.61
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41.97	804.61
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	41.97	804.61

13020514585

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	139.96	552.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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) ►	139.96	552.93

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	349.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41.97
25. SUBTOTAL (add Line 23 and Line 24).....	391.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	139.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	251.68

13020514586

**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

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)
Rick Lemasters for U.S. Senate

Full Name (Last, First, Middle Initial) None - All contributions have been for \$200.00		Date of Receipt M M / D D / Y Y Y Y
Mailing Address or less.		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

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

13020514587

**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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Rick Lemasters for U.S. Senate

A. No disbursements were made to any person for more than \$200.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____
M M / D D / Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period _____

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____
M M / D D / Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period _____

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement _____
M M / D D / Y Y Y Y

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period _____

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

13020514588

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)
 Rick Lemasters for U.S. Senate

LOAN SOURCE Full Name (Last, First, Middle Initial)
 No loans were made during this period.

Election:
 Primary
 General
 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 / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (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)..... ▶

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

13020514589

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) Rick Lemasters for U.S. Senate		FEC IDENTIFICATION NUMBER C 00544593	
LENDING INSTITUTION (LENDER) Full Name No Loans or Lines of Credit from		Amount of Loan	Interest Rate (APR) %
Mailing Address lending institutions.		Date Incurred or Established _____	M M / D D / Y Y Y Y
City _____ State _____ Zip Code _____		Date Due _____	M M / D D / Y Y Y Y
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred _____	
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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 Signature		DATE _____	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE _____	
Title			

13020514590

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
 Rick Lemasters for U.S. Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor No debts or other obligations have been made.	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incured 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 Incured 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 Incured 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)	▶

13020514591

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) Rick Lemasters for U.S. Senate	Report Covering Period: From: MM / DD / YYYY 07 / 01 / 2013 To: MM / DD / YYYY 09 / 30 / 2013
--	---

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 There are no other committees.		
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						
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						
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						
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						
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A						
B						

13020514592

[MD5 checksum = c8901902ccc637fd91b75cbc7faffeed4]

FEC FILE

FEC File Validator Version 8.0.1.6

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==== Identification Section =====

Committee ID: C00544593
Committee Name: RICK LEMASTERS FOR US SENATE
Filing Type: F3N
From/Through: 20130701 - 20130930

Software/Ver#: FECfile / Ver# 8.0.1.10(f29)

==== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

==== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F3

Line No.	Column A	Column B
6A	41.97	804.61
6B	0.00	0.00
6C	41.97	804.61
7A	139.96	552.93
7B	0.00	0.00
7C	139.96	552.93
8	251.68	
9	0.00	
10	0.00	
11Ai	0.00	
11Aii	0.00	
11Aiii	0.00	650.00
11B	0.00	0.00
11C	0.00	0.00
11D	41.97	154.61
11E	41.97	804.61
12	0.00	0.00
13A	0.00	0.00
13B	0.00	0.00
13C	0.00	0.00
14	0.00	0.00
15	0.00	0.00
16	41.97	804.61
17	139.96	552.93
18	0.00	0.00
19A	0.00	0.00
19B	0.00	0.00
19C	0.00	0.00
20A	0.00	0.00
20B	0.00	0.00
20C	0.00	0.00
20D	0.00	0.00
21	0.00	0.00
22	139.96	552.93
23	349.67	
24	41.97	
25	391.64	
26	139.96	
27	251.68	

----- Validation Succeeded -----

13020514593

United States Senate
Post Office

INSPECTION

United States Senate
Post Office

ELLY URGENT Please Rush To Addressee

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

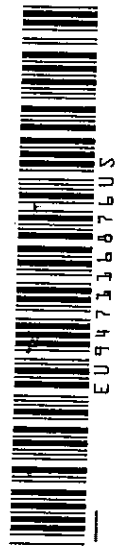
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PLEASE PRESS FIRMLY

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For Domestic and International Use



EU947116876US

ORIGIN (POSTAL SERVICE USE ONLY)	
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21117	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd
Date Accepted	Scheduled Date of Delivery
10/25/03	Month Day Year
Time Accepted	Scheduled Time of Delivery
1:57 PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 5 PM
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code
4.0 lbs. ozs.	
Postage	Return Receipt Fee
\$ 1.95	
COD Fee	Insurance Fee
\$	\$
Total Postage & Fees	Acceptance Emp. Initials
\$ 1.95	466

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Lawyer
350 Bancroft St.
Sta. Hill W.V.

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Delivery Attempt	Time
No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Employee Signature	
Delivery Attempt	Time
No. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM
Employee Signature	
Delivery Date	Time
10/25/03	2:47 PM
Customer Signature	
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Holiday <input type="checkbox"/> Weekday <input type="checkbox"/> Make Signature	

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State of West Virginia
732 West Senate Office Bldg
Washington DC

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20510 + 0000

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United States S
Post Office

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OCT 15, 2003
AMOUNT
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900-41391-02



1007



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



OCT 17 2003



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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

U.S. SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 10-15-13 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

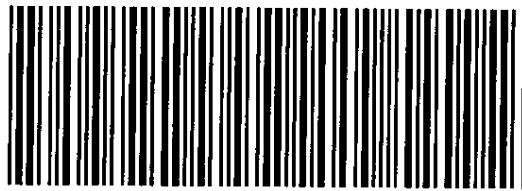
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-25-13

13020514595



13020514596