

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Bob Ries for Congress

ADDRESS (number and street) 600 9th Ave S. Nashville TN 37203

2. FEC IDENTIFICATION NUMBER C00474593 3. IS THIS REPORT NEW (N) OR AMENDED (A) TN 05

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 01/01/2014 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 Jacob Winters Signature of Treasurer Date 04/08/2014

14031214631

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Bob Ries for Congress

Report Covering the Period: From:

01 01 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>140.00</i>
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<i>0.00</i>	<i>140.00</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>536.27</i>	<i>1,394.03</i>
(b) Total Offsets to Operating Expenditures (from Line 14)	<i>0.00</i>	
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<i>536.27</i>	<i>1,394.03</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>3,785.21</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>5000.00</i>	

For further information contact:

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

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

14031214632

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Bob Ries for Congress

Report Covering the Period: From:

01 01 2014

To:

03 31 2014

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

100.00

(ii) Unitemized.....

40.00

(iii) TOTAL of contributions from individuals ▶

0.00

140.00

(b) Political Party Committees.....

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

(d) The Candidate.....

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

0.00

140.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

13. LOANS:

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

0.00

5,000.00

(b) All Other Loans.....

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

0.00

5,000.00

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)..... ▶

0.00

5,140.00

14031214633

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.....	536.27	1,394.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
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)).....	0.00	0.00
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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	536.27	1,394.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4,321.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	4,321.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	536.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3,785.21

14031214634

**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"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b			

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)
Bob Ries for Congress

Full Name (Last, First, Middle Initial)

A. Mailing Address		Date of Receipt
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
B. 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
C. 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)	

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**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)

Bob Ries for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Terry's fees

03 06 2014

Mailing Address

622 N. Main St. TN 37072

City

Goodlettsville

State

Zip Code

Amount of Each Disbursement this Period

454.48

Purpose of Disbursement

T-Shirts

Candidate Name

Bob Ries

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TN

District: 05

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Cornerstone Marketing & Promotions

03 27 2014

Mailing Address

P.O. Box 2095 AL 35903

City

Gadsden

State

Zip Code

Amount of Each Disbursement this Period

81.79

Purpose of Disbursement

Business Cards

Candidate Name

Bob Ries

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: TN

District: 05

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

14031214636

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)

Bob Ries for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

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)

Yes

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.

14031214637

**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) Bob Ries for Congress		FEC IDENTIFICATION NUMBER C
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established M M / D D / Y Y - Y Y - Y Y	
City State Zip Code	Date Due M M / D D / Y Y - 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 M M / D D / Y Y - Y Y - Y Y
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 M M / D D / Y Y - Y Y - Y Y
Title		

14031214638

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

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

PAGE 9 OF 10
 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (In Full)

Bob Ries for Congress

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)	▶

14031214639

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) Bob Ries for Congress	Report Covering Period: From: 01 01 2014 To: 03 31 2014
--	--

	(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	0.00	0.00
B	100.00	0.00

	(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	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	140.00	0.00	5,000.00	0.00
	(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	0.00	0.00	0.00	0.00	536.27	0.00
B	5,000.00	0.00	0.00	5,140.00	1,394.03	0.00
	(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	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(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	0.00	0.00	536.27	4,321.48	3,785.21	0.00
B	0.00	0.00	1,394.03			0.00
	(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	5,000.00	0.00	536.27			
B	5,000.00	140.00	1,394.03			

14031214640

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37043	04/15/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON <input checked="" type="checkbox"/> 3:00 PM	Postage \$ 19.99
Date Accepted (MM/DD/YY)	04/14/14	10:30 AM Delivery Fee	Insurance Fee \$
Time Accepted	9:54 AM	Sunday/Holiday Premium Fee	Return Receipt Fee \$
Weight	3 lbs. 3 ozs.	Acceptance Employee Initials	Live Animal Transportation Fee \$
Flat Rate			Total Postage & Fees \$ 19.99
Employee Signature		Employee Signature	
Delivery Attempt (MM/DD/YY) Time		Delivery Attempt (MM/DD/YY) Time	
Employee Signature		Employee Signature	

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked
4/14/14

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No Postmark

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Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Deed
 PREPARER

4/15/14
 DATE PREPARED

14031214642