

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF PUBLIC

14 APR 16 PM 2:43 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Friends Of Larry Crim

ADDRESS (number and street)

P.O. Box 149011

Check if different than previously reported. (ACC)

Nashville

TN

37214

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00504183

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

TN

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

08' 07' 2014

in the State of

TN

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

X

General (30G)

Runoff (30R)

Special (30S)

Election on

11' 09' 2014

in the State of

TN

5. Covering Period

07' 07' 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

Annette Crim

Signature of Treasurer

Annette Crim

Date

04' 12' 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Friends Of Larry Crim

Report Covering the Period: From:

07' 07' 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)) ...

11,816.00

(b) Total Contribution Refunds
(from Line 20(d)) ..

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)) ...

11,816.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17) ..

2,388.00

(b) Total Offsets to Operating
Expenditures (from Line 14) ...

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)) ...

2,388.00

8. Cash on Hand at Close of
Reporting Period (from Line 27) ...

23,903.39

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D) ...

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D) ...

9,500.00

For further information contact:

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

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

14020244715

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Friends Of Larry Crim

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)...

29,760.00

(ii) Unitemized

8,840.00

(iii) TOTAL of contributions from individuals .

(b) Political Party Committees...

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

(d) The Candidate

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

11,816.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

13. LOANS:

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

(b) All Other Loans...

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...

11,816.00

14020244714

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	2,388.00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs) ...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...	4,360.00	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6,748.00	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1,8835.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	11,816.00
25. SUBTOTAL (add Line 23 and Line 24)...	30,651.39
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	6,748.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	23,903.39

14020244715

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)
Friends Of Larry Crim

A. Full Name (Last, First, Middle Initial) *Wanda Leatherwood (In Kind)*

Mailing Address *PO Box 140017*

City *Nashville* State *TN* Zip Code *37214*

FEC ID number of contributing federal political committee. *000504183*

Name of Employer _____ Occupation *Retired Teacher*

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt *01' 23' 2014*

Amount of Each Receipt this Period *21600*

B. Full Name (Last, First, Middle Initial) *Annette Crim (In Kind)*

Mailing Address *PO Box 149011*

City *Nashville* State *TN* Zip Code *37214*

FEC ID number of contributing federal political committee. *000504183*

Name of Employer *CCCA* Occupation *Secretary*

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date _____

Date of Receipt *02' 12' 2014*

Amount of Each Receipt this Period *86000*

C. Full Name (Last, First, Middle Initial) *Larry Crim (In Kind)*

Mailing Address *PO Box 149011*

City *Nashville* State *TN* Zip Code *37214*

FEC ID number of contributing federal political committee. *000504183*

Name of Employer *For US Senate 2014* Occupation *CEO Christian Counseling Ctr of Am*

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date *Dnc*

Date of Receipt *02' 28' 2014*

Amount of Each Receipt this Period *105000*

SUBTOTAL of Receipts This Page (optional)..... *212600*

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

14020244716

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
Friends Of Larry Crim

A. Full Name (Last, First, Middle Initial)
Charles King

Mailing Address
202 S. Main St.

City **Ashland City** State **TN** Zip Code **37015**

FEC ID number of contributing federal political committee. **000504183**

Name of Employer **Kings Automotive** Occupation **Car Dealer**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
02 / 19 / 2014

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
William H. Martin

Mailing Address
1100 Fatherland St.

City **Nashville** State **TN** Zip Code **37206**

FEC ID number of contributing federal political committee. **000504183**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
03 / 07 / 2014

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

850.00

2976.00

14020244717

**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)
Friends Of Larry Crim

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement 01/15/2014
Mailing Address 401 South Mt Juliet Rd		Amount of Each Disbursement this Period 26200
City Mount Juliet	State TN	
Zip Code 37122		Category/Type 006
Purpose of Disbursement Cards Copies		
Candidate Name Larry Crim		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District:	

Full Name (Last, First, Middle Initial) B. Wanda Leatherwood (Inkind)		Date of Disbursement 01/23/2014
Mailing Address PO Box 140017		Amount of Each Disbursement this Period 21600
City Nashville	State TN	
Zip Code 37214		Category/Type
Purpose of Disbursement Reception food + decor		
Candidate Name Larry Crim		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District:	

Full Name (Last, First, Middle Initial) C. Annette Crim (Inkind)		Date of Disbursement 02/12/2014
Mailing Address PO Box 14904		Amount of Each Disbursement this Period 86000
City Nashville	State TN	
Zip Code 37214		Category/Type
Purpose of Disbursement Reception food, paper, supplies		
Candidate Name Larry Crim		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TN	District:	

SUBTOTAL of Disbursements This Page (optional).....	133800
TOTAL This Period (last page this line number only).....	

14020244718

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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)
Friends of Larry Crim

A. Full Name (Last, First, Middle Initial) <i>Larry Crim (in kind)</i>		Date of Disbursement <i>02 28 2014</i>	
Mailing Address <i>PO Box 149011</i>		Amount of Each Disbursement this Period <i>1050.00</i>	
City <i>Nashville</i>	State <i>TN</i>		Zip Code <i>37214</i>
Purpose of Disbursement <i>Cardstock, paper, Frames</i>	Candidate Name <i>Larry Crim</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <i>TN</i> District:			

B. Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement	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:			

C. Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement	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).....	<i>1050.00</i>
TOTAL This Period (last page this line number only).....	<i>2388.00</i>

14020244719

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)
Friends of Larry Crim

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

Election:
 Primary
 General
 Other (specify)

Mailing Address
PO Box 149011

City *Nashville* State *TN* ZIP Code *37214*

Original Amount of Loan *5000.00* Cumulative Payment To Date Balance Outstanding at Close of This Period *5000.00*

TERMS

Date Incurred *05/21/2012* Date Due *11/10/2014* Interest Rate % (apr) Secured: 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.

14020244720

**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)

Friends of Larry Crim

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

Larry Crim

Election:

- Primary
 General
 Other (specify) ▼

Mailing Address

PO Box 149011

City State ZIP Code
Nashville TN 37214

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
450000

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09' 30' 2013 11' 15' 2014 % (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) ...

450000

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

14020244721

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) <i>Friends Of Larry Crim</i>		FEC IDENTIFICATION NUMBER <i>C</i>	
LENDING INSTITUTION (LENDER) Full Name <i>NA</i>	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? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y

B. If line of credit, Amount of this Draw: [] Total Outstanding Balance: []

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
What is the value of this collateral? []
Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
What is the estimated value? []

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
Date account established: M M / D D / Y Y Y Y Y Y
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	Title	DATE M M / D D / Y Y Y Y Y Y
--	-------	---------------------------------

14020244722

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
Friends Of Larry Crim

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NA		Nature of Debt (Purpose):
Mailing Address		
City	State	

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	

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	

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) ▶		

14020244723

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) Friends Of Larry Crim	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		
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			11816.00			
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					2388.00	
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		4360.00	-6748.00	18835.39	23903.39	
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	9500.00	11816.00	2388.00			
B						

14020244724

Friends of Jerry Cuim
PO Box 149011
Nashville TN 37214

Office of Public Records
PO Box 77578
Washington DC 20013-7578

SCREENED
BY THE SENATE
POST OFFICE

14020244725



PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

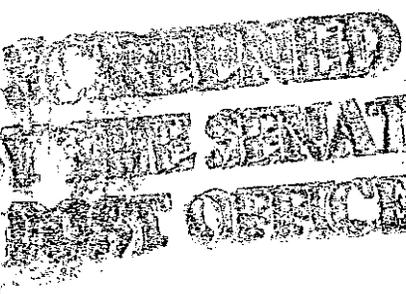


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37229
Apr 14, 14
RMDUNT

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LABEL MAY BE REQUIRED.



P13F July 2013 OD: 12.5 x 9.5



PS 10001000006

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)
PHONE 615 498 4455
Frank of Larry's
P.O. Box 14921
Nashville, TN 37214

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Also: The mailer must check the "Signature Required" box if the mailer: 1) Purchases a Signature® service; OR 2) Purchases an additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service; if the box is not checked, the Postal Service will leave the item in the addressee's mailbox or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available*)
- 10:30 AM Delivery Required (additional fee, where available*)
- *Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)
PHONE:
Office of Public Records
P.O. Box 99518
Nashville, TN
99013-9598

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-day	<input type="checkbox"/> 2-day	<input type="checkbox"/> Signature	<input type="checkbox"/> PRO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Weight	
37220	4/14/14	\$ 11.11	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
4/14/14	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$	\$
Time Accepted	Live Animal Transportation Fee		
5:00 PM			
BY THE SENDER			
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Address (MM/DD/YY)	Delivery Date (MM/DD/YY)	Delivery Time (AM/PM)	Employee Signature
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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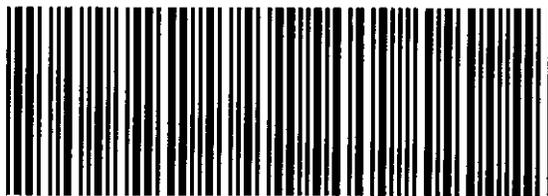
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