

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 JAN 17 AM 11:53

Office Use Only

ELC MAIL CENTER

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

KOSCIUSKO SILENT NO MORE CORP

ADDRESS (number and street) 11434 S 100 W

Check if different than previously reported. (ACC) SILVER LAKE IN 46982

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00541342

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 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

- (d) 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 12 / 31 / 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 CRAIG NAYROCKER

Signature of Treasurer 

Date 01 / 13 / 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							
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FEC FORM 3X
Rev. 12/2004

14031153748

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KOSCIOUSKO SILENT NO MORE CORP

Report Covering the Period: From:

07 ' 01 ' 2013

To:

12 ' 31 ' 2013

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2013		169.09
(b) Cash on Hand at Beginning of Reporting Period.....	252.60	
(c) Total Receipts (from Line 19).....	1,077.69	3,938.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,330.29	4,107.55
7. Total Disbursements (from Line 31).....	1,165.32	3,942.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	164.97	164.97
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	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

14031153749

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

KOSCIUSKO SILENT NO MORE CORP

Report Covering the Period: From:

07' 01' 2013

To:

12' 31' 2013

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

610.00

610.00

(ii) Unitemized.....

96256

227813

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

96256

288813

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

96256

288813

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

11400

104914

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

113

119

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

107769

393846

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

107769

393846

14031153750

DETAILED SUMMARY PAGE
of Disbursements

14031153751

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	41259	198299
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41259	198299
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....	114.00	1049.14
27. Loans Made.....		
28. 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 28(a), (b), and (c)).....		
29. Other Disbursements	638.73	910.45
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds.....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	116532	394258
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	116532	394258

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9,625.56	28,881.3
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9,625.56	28,881.3
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4,125.9	19,829.9
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4,125.9	19,829.9

14031153752

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/> 13								

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)

KOSCIUSKO SILENT NO MORE CORP

A. Full Name (Last, First, Middle Initial)
BOYER, MONICA

Mailing Address
915 E MARKET, WARSAW, IN 46580

City
WARSAW, IN State Zip Code
46580

FEC ID number of contributing federal political committee.
C

Name of Employer
GRACE COLLEGE Occupation
ADMINISTRATIVE

Receipt For:
 Primary General
 Other (specify) *OPERATIONS*

Aggregate Year-to-Date ▼
114.00

Date of Receipt
07 01 2013

Amount of Each Receipt this Period
114.00

B. 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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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) ▼

Aggregate Year-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)..... ▶

14031153753

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>1</u> OF <u>3</u>				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
KOSCIUSKO SILENT NO MURK CORP

Full Name (Last, First, Middle Initial) A. GO DADDY		Date of Disbursement 07 09 2013
Mailing Address 14455 N HAYDEN RD SUITE 226		Amount of Each Disbursement this Period 32.59
City SCOTTSDALE	State AZ	
Purpose of Disbursement WEBSITE		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 checked="" type="checkbox"/> Other (specify) OPERATIONS	
State: District:		

Full Name (Last, First, Middle Initial) B. GO DADDY		Date of Disbursement 08 04 2013
Mailing Address 14455 N HAYDEN RD SUITE 226		Amount of Each Disbursement this Period 171.00
City SCOTTSDALE	State AZ	
Purpose of Disbursement WEBSITE		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 checked="" type="checkbox"/> Other (specify) OPERATIONS	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address 		Amount of Each Disbursement this Period
City 	State 	
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).....▶	203.59
TOTAL This Period (last page this line number only).....▶	

14031153754

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

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

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **3**

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

KOSCIUSKO SILENT NO MURKÉ COAP

Full Name (Last, First, Middle Initial)

A. i CONTACT SUITE 105

Date of Disbursement: **08 02 2013**

Mailing Address: **2450 PERIMETER PARK DR**

City: **MORRISVILLE** State: **NC** Zip Code: **27560**

Purpose of Disbursement: **EMAIL NEWSLETTER**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: _____ District: _____

Amount of Each Disbursement this Period: **1900**

Category/Type: _____

B. i CONTACT SUITE 105

Date of Disbursement: **09 12 2013**

Mailing Address: **2450 PERIMETER PARK DR SUITE 105**

City: **MORRISVILLE** State: **NC** Zip Code: **27560**

Purpose of Disbursement: **EMAIL NEWSLETTER**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: _____ District: _____

Amount of Each Disbursement this Period: **1900**

Category/Type: _____

C. i CONTACT SUITE 105

Date of Disbursement: **10 02 2013**

Mailing Address: **2450 PERIMETER PARK DR SUITE 105**

City: **MORRISVILLE** State: **NC** Zip Code: **27560**

Purpose of Disbursement: **EMAIL NEWSLETTER**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: _____ District: _____

Amount of Each Disbursement this Period: **1900**

Category/Type: _____

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

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

5700

14031153755

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 3				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
KOSCIUSKO SILENT NO MURKÉ CORP

A. Full Name (Last, First, Middle Initial) **i CONTACT** Suite 105

Date of Disbursement: **11 02 2013**

Mailing Address: **2450 PERIMETER PARK DR**

City: **MORRISVILLE** State: **NC** Zip Code: **27560**

Purpose of Disbursement: **EMAIL NEWSLETTER**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: _____ District: _____

Amount of Each Disbursement this Period: **19.00**

Category/Type: _____

B. Full Name (Last, First, Middle Initial) **i CONTACT** Suite 105

Date of Disbursement: **12 03 2013**

Mailing Address: **2450 PERIMETER PARK DR SUITE 105**

City: **MORRISVILLE** State: **NC** Zip Code: **27560**

Purpose of Disbursement: **EMAIL NEWSLETTER**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: _____ District: _____

Amount of Each Disbursement this Period: **19.00**

Category/Type: _____

C. Full Name (Last, First, Middle Initial) **i CONTACT** Suite 105

Date of Disbursement: **07 01 2013**

Mailing Address: **2450 PERIMETER PARK DR SUITE 105**

City: **MORRISVILLE** State: **NC** Zip Code: **27560**

Purpose of Disbursement: **EMAIL NEWSLETTER**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: _____ District: _____

Amount of Each Disbursement this Period: **114.00**

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **152.00**

TOTAL This Period (last page this line number only).....▶ **412.59**

14031153756

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE / OF /
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input checked="" type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
KOSCICKO SILENT NO MORE CORP

A. Full Name (Last, First, Middle Initial) **BOYER, MONICA**

Mailing Address **915 E MARKET**

City **WARSAW** State **IN** Zip Code **46580**

Purpose of Disbursement **LOAN REPAYMENT**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) **OPERATIONS**

State: District:

Date of Disbursement **07 / 09 / 2013**

Amount of Each Disbursement this Period **11400**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	11400
TOTAL This Period (last page this line number only).....▶	11400

14031153757

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE / OF /					
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input checked="" type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
KOSCIUSKO SILENT NO MURKÉ COFA

A. Full Name (Last, First, Middle Initial) CHAMPAGNE JAM		Date of Disbursement 10 03 2013
Mailing Address 2517 E CENTER		
City WARSAW	State IN	Zip Code 46580
Purpose of Disbursement MEETING TO ENCOURAGE LOBBYING FOR INDIANA AMENDMENT		Amount of Each Disbursement this Period 28315
Candidate Name		Category/Type
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 checked="" type="checkbox"/> Other (specify) LOBBYING	
State: District:		

B. Full Name (Last, First, Middle Initial) ATTABOY PRODUCTIONS INC		Date of Disbursement 12 04 2013
Mailing Address 2004 WAVERLY DR		
City KOKOMO	State IN	Zip Code 46902
Purpose of Disbursement AGG SPEAKER TO ENCOURAGE LOBBYING FOR INDIANA AMENDMENT		Amount of Each Disbursement this Period 350 00
Candidate Name		Category/Type
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 checked="" type="checkbox"/> Other (specify) LOBBYING	
State: District:		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Category/Type
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).....	63315
TOTAL This Period (last page this line number only).....	63315

14031153758

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE <u>1</u> OF <u>1</u>
FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)
KOSCIUSKO SILENT NO MORE COOP

LOAN SOURCE Full Name (Last, First, Middle Initial) BOYER, MONICA	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OPERATIONS
Mailing Address 915 E MARKET, WARSAW, IN 46580	
City WARSAW	State IN
ZIP Code 46580	

Original Amount of Loan 11400	Cumulative Payment To Date 11400	Balance Outstanding at Close of This Period 000
---	--	---

TERMS

Date Incurred 07 01 2013	Date Due 07 09 2013	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	-------------------------------	-----------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

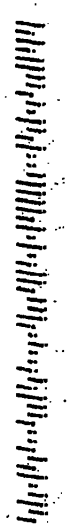
1. Full Name (Last, First, Middle Initial) NONE	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 000

SUBTOTALS This Period This Page (optional)..... ▶	000
TOTALS This Period (last page in this line only)..... ▶	000

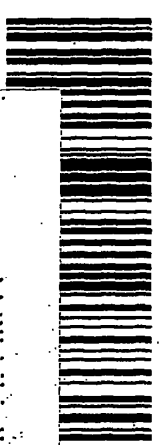
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031153759

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



JOHNSON
IN 46580



7011 JJ50 000J 9460 3502

14031153760



U.S. POSTAGE
MARSHALL IN
46580
JAN 13, 14
AMOUNT

\$6.97
0001721-10



1000

20463

FEDERAL ELECTION COMMISSION
999 E STREET NW
WASHINGTON, DC 20463

NO RECEIPT
REQUESTED

RECEIVED
2014 JAN 17
REC MAIL C



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 1/13/14
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ARD
 PREPARER
 (8/2013)

1/17/14
 DATE PREPARED

14031153761