

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

FOUNDED ON TRUTH

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> 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 SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE [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**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FOUNDED ON TRUTH

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="3.37"/>	<input type="text" value="3.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3.37"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2255.00"/>	<input type="text" value="2255.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2258.37"/>	<input type="text" value="2258.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1963.99"/>	<input type="text" value="1963.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="294.38"/>	<input type="text" value="294.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="616.60"/>	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FOUNDED ON TRUTH

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 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).....	750.00	750.00
(ii) Unitemized	885.00	885.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	1635.00	1635.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	620.00	620.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2255.00	2255.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2255.00	2255.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2255.00	2255.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1963.99	1963.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1963.99	1963.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1963.99	1963.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1963.99	1963.99

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)	2255.00	2255.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2255.00	2255.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1963.99	1963.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1963.99	1963.99

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

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

FOR LINE NUMBER: PAGE 6 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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)
FOUNDED ON TRUTH

A. MS LOIS M KANESHIKI 166
 Full Name (Last, First, Middle Initial)
 Mailing Address 1076 EDGEWOOD DRIVE
 City DUNCANSVILLE State PA Zip Code 16635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 28 / 2013
Transaction ID : SA11AI.4169
 Amount of Each Receipt this Period
 250.00

B. MR JOHN MILHOAN 153
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 LINNWOOD RD
 City EIGHTY FOUR State PA Zip Code 15330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PES Occupation SALES
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2013
Transaction ID : SA11AI.4177
 Amount of Each Receipt this Period
 250.00

C. MR EDWIN THOMAS WINTER 190 JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 HUDSON WAY
 City GARNET VALLEY State PA Zip Code 19060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BACHMANN TRAINS Occupation CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : SA11AI.4193
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	750.00

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

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

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial)
A. DELAWARE COUNTY PATRIOTS

Mailing Address PO BOX 735

City State Zip Code
HAVERTOWN PA 19083

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : SA11C.4199

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
B. INDIANA ARMSTRONG PATRIOTS

Mailing Address 291 OLIVE STREET

City State Zip Code
INDIANA PA 15701

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : SA11C.4201

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. VENANGO COUNTY TEA PARTY PATRIOTS

Mailing Address 155 SUMMIT DRIVE

City State Zip Code
FRANKLIN PA 16323

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 28 / 2013
Transaction ID : SA11C.4200

Amount of Each Receipt this Period
220.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	620.00

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 10 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4136
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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:		

Full Name (Last, First, Middle Initial) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 13 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4137
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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:		

Full Name (Last, First, Middle Initial) C. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 14 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4138
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 45.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 22 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4139
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 5.30	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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:		

Full Name (Last, First, Middle Initial) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 23 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4140
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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:		

Full Name (Last, First, Middle Initial) C. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 28 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4141
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
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)..... ▶

405.30

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

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 05 / 29 / 2013	
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4142	
City JOHNSTOWN State PA Zip Code 15906	Purpose of Disbursement MILEAGE & MEALS	Category/ Type 002	Amount of Each Disbursement this Period 20.00
Candidate Name FOUNDED ON TRUTH			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:			

Full Name (Last, First, Middle Initial) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 06 / 17 / 2013	
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4143	
City JOHNSTOWN State PA Zip Code 15906	Purpose of Disbursement MILEAGE & MEALS	Category/ Type 002	Amount of Each Disbursement this Period 35.00
Candidate Name FOUNDED ON TRUTH			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:			

Full Name (Last, First, Middle Initial) C. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 06 / 20 / 2013	
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4144	
City JOHNSTOWN State PA Zip Code 15906	Purpose of Disbursement MILEAGE & MEALS	Category/ Type 002	Amount of Each Disbursement this Period 300.00
Candidate Name FOUNDED ON TRUTH			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)..... ▶

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

355.00

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

Full Name (Last, First, Middle Initial) A. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 06 / 24 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4145
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 70.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MARGUERITE LUKSIK		Date of Disbursement MM / DD / YYYY 06 / 27 / 2013
Mailing Address 206 1/2 HABICHT ST		Transaction ID : SB21B.4146
City JOHNSTOWN State PA Zip Code 15906	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement MILEAGE & MEALS	Category/Type 002	
Candidate Name FOUNDED ON TRUTH		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MAIL CHIMP		Date of Disbursement MM / DD / YYYY 01 / 24 / 2013
Mailing Address 512 MEANS ST		Transaction ID : SB21B.4130
City ATLANTA State GA Zip Code 30318	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement eMAIL SERVICE	Category/Type 001	
Candidate Name FOUNDED ON TRUTH		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	1725.30

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
FOUNDED ON TRUTH

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MARGUERITE LUKSIK	Nature of Debt (Purpose): MILEAGE & MEALS
Mailing Address 206 1/2 HABICHT ST	
City State Zip Code JOHNSTOWN PA 15906	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4133	
Amount Incurred This Period 1882.96	Payment This Period 1505.30	Outstanding Balance at Close of This Period 377.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SCOTT B MACKENZIE	Nature of Debt (Purpose): iSTOCK PHOTOS (iSTOCKPHOTO LP)
Mailing Address 2776 S ARLINGTON MILL DR #806	
City State Zip Code ARLINGTON VA 22206	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4149	
Amount Incurred This Period 238.94	Payment This Period 0.00	Outstanding Balance at Close of This Period 238.94

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)..... ▶	616.60
2) TOTALS This Period (last page this line number only)..... ▶	616.60
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	616.60