THE FAT OLD MAN PAC

32545 Stony Brook Lane
Solon OH 44139
216-339-1531
901-339-1533 (fax)
robertcrosenfeld@gmail.com



2014 MAY 23 PM 2: 16

May 5, 2014

Federal Election Commission 999 E Street N.W. Washington, DC. 20463

RE: Form FEC 3X Report Due

Dear Sir:

Please accept for filing the above captioned form. I am sorry that it is late. A usual, we accepted no donations and spent no funds.

Sincerely,

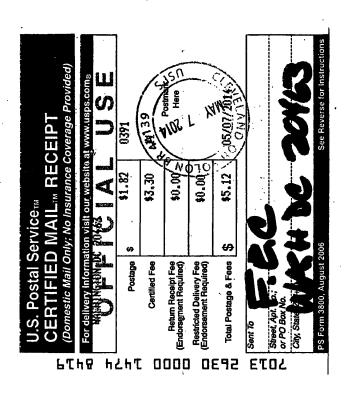
Robert C Rosenfeld

Treasurer

enc.

RCR/irr

7013 2630 0000 1474 8419





Failure to File Notification from the Federal Election Commission

Federal Election Commission-(RAD) <rad@fec.gov>
To: TFOMPAC@gmail.com

Sat, May 3, 2014 at 12:01 PM



Federal Election Commission

MAY 3, 2014

Dear Treasurer/Filer,

This e-mail is being sent by the Reports Analysis Division (RAD) of the Federal Election Commission. To view the FEC Notification regarding your committee, simply click here. Please note that this is an automated e-mail; any response to this notification should not be made via e-mail, as your response will not be accepted.

If the above link does not work, you can access the letter by copying and pasting this address into the address field of your browser: http://docquery.fec.gov/cgi-bin/fecimg/?14330050300

To ensure delivery, add rad@fec.gov to your address book.

To update your e-mail address, please file an amended Statement of Organization (FEC Form 1).

If you would prefer to receive RFAIs on paper, please file a miscellaneous document (Form 99 for electronic filers), to indicate this preference.

If you would like to view all of your filings, simply click here.

For filing information, please go to http://www.fec.gov/info/filing.shtml

If you have any questions, please contact your Campaign Finance Analyst on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

Federal Election Commission (FEC)

This email was sent to: TFOMPAC@GMAIL.COM

APRIL QUARTERLY REPORT NOTICE

FEDERAL ELECTION COMMISSION

CONGRESSIONAL COMMITTEES PARTIES AND PACS

March 21, 2014

CURRENT REPORT DUE

REPORT	CLOSE OF	REG./CERT. & OVERNIGHT	FILING	
	BOOKS <u>1</u>	MAILING DEADLINE	DEADLINE	
April Quarterly . `	03/31/14	04/15/14	04/15/14	

PRE- AND POST-ELECTION REPORTS

Congressional Committees

The principal campaign committee of any candidate participating in a 2014 state primary, nominating convention or runoff election – even if unopposed – must also file a pre-election report 12 days prior to the primary, nominating convention or runoff. The principal campaign committee of a candidate participating in the general election must file pre-and post-general election reports. Separate notices will be sent to explain these additional reporting obligations. See 11 CFR 104.5(a)(2).

Parties and PACD

Committees that make contributions or expenditures (including independent expenditures) in connection with an election must also file a Pre-Election Report, if the activity was not previously reported. See <u>11 CFR 104.5(c)(1)(ii)</u>.

- Web Page: 2014 Congressional Pre-Primary Reporting Dates
- The Record:
 - FEC Record Blog: Reporting
 - o January 2014 Reporting Article [PDF]

SUPPLEMENTAL FILING INFORMATION

- Congressional Committees
- Parties and PACs

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee



2014 MAY 23 PM 2: 17

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typover the lines.	12] ^{inig, type}	FE4M5	21 5
	DRESS (number and street) Check if different than previously reported. (ACC)	32545 ST	ONY BRO	0		19-1936
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4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Country Report (Country Report (Country Report (Country Report (Country Report (Non-electic Year Only) (MY) Termination Report (TER)	Report Due On: A A (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) Primary (12 Convention Ction on General (30)	May 20 (M5) Jun 20 (M6) Jul 20 (M7) (12C) (12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Runoff (30R)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) n the State of Special (30S)
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	Use Only					v. 12/2004

(I) 140312417

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THE FAT OLD MAN PAC

Report Covering the Period:







		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3 .	(a) Cash on Hand January 1,		
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)	And the material of the state o	en e
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	the same agreement, and agreement agreement agreement promoting to a second to the same and the	general agency of general parameters are surrounded in the second parameters and the second s
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3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	The state of the s	
€.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	Security successive and the successive security successive and was a successive and the successive security of the successive security successive successive successive successive security successive	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a mult	icandidate 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

Ø 40312417

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

FAT OUD MAN DAC

Report Covering the Period:

From:

To:

	I. Passints	COLUMN A	COLUMN B
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11.	Contributions (other than loans) From:		
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	(ii) Unitemized		
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	(d) Total Contributions (add Lines	am ainte se di 2000, dis gricos conneces una aute és a com separamentalment autonitat con film am	Contraction and Contraction of Section 1997 (1997)
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16	Refunds of Contributions Made	Consideration Comments and Constitute Constitute to	Sure Sure the section of
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	(b) Levin Funds (from Schedule H5)	Committee of the sales of the s	the second and the second and the second and the second and the second as the second a
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
		Total This Period	Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal		
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	(i) Federal Share	Sandy Sand Broken to the standard and Sand	f Banacalisarra Seculi Marra Fronce Scientifica and Securit Securit Securit Securit Securit Securit Securit Securit
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29.	Other Disbursements		
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30.	Federal Election Activity (2 U.S.C. §431(20))		
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	(i) Federal Share		
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	(ii) "Levin" Share		
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	outions/Operating Ex- enditures	COLUMN A Total This Period	ÇOLUMN B Calendar Year-to-Date
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(subtract Line	37 from Line 36)		

SCHEDUL	EΑ	(FEC	Form	3X)
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ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full)		
THE FAT O	OLD MAN PAC	•
Full Name (Last, First, Middle Initial) A.		Pate of Receipt
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SCHEDULE C (FEC Form 3X) LOA'NS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full)	
LOAN SOURCE Full Name (Last, First, Middle Initial)	YRU.
LOAN SOURCE Full Name (Last, First, Middle Initial)	Primary General
Mailing Address	Other (specify) ▼
City State ZIP Co	de /
Original Amount of Loan Cumulative Payment To	generativa majarakangkan nyarata ya panaganangkan panajara ya nganampananga majara sanagan
TERMS Date Incurred Date Due	Interest Rate Secured: West Company of the Company
List All Endorsers or Guarantors (if any) to Loan Source	/
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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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) FOTALS This Period (last page in this line only)	Contraditional Contradition (Contraditional Contradition
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	Nuclearing and Languages in Application in the Company of the print

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page _____ of Schedule C

ederal Election Commission, Washington, D.C. 20463		
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
THE FAT OLD MA	N PAC	Colored to the second of the s
ENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name	कारकार्त्व कार द्वार अवस्थित करने । स्टब्स्ट कार्यक्रिका स्टब्स्ट स्टब्स्ट कार्यान	
		%
lailing Address	Date Incurred or Established	
ity State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, data originally incurred	
B. If line of credit,	Total	and the second of the second s
Amount of this Draw:	Balance:	Banadaw Banadana Book Da a Bayadan dhan Casada
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ust be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	deposit, chattel papers, similar traditional collateral?	at is the value of this collateral?
	-1	rest in it? No Yes
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	specify:	at is the estimated value?
A depository account must be established pursuant	Lecelion of account:	the and the second section of the second
to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Ο <u> </u>	
Date account established:	Address:	
A STATE OF THE PARTY OF THE PAR	City, State, Zip:	
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan	s pledged for this loan, or if the amo was made and the basis on which i	unt pledged does not equal or exceed t assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name		MARY BRIDE A PROPERTY
Signature		Engels with the found to the same to the same th
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the teare accurate as stated above.	erms of the loan and other information	n regarding the extension of the loan
 The Ican was made on terms and conditions (in similar extensions of credit to other borrowers or 	comparable credit worthiness.	·
III. This institution is aware of the requirement that complied with the requirements set forth at 11 C	a loan must be made on a basis wh	ich assures repayment, and has nis loan.
UTHORIZED REPRESENTATIVE		DATE
Typed Name		Manager / Manager / Manager Angel
··	tle	make to the characters

SCHEDULE D (FEC Form 3X) DEB'TS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

Gluding	Louis		numbered line) 10
ME OF	COMMITTEE (In Full)		
	THE FATT OF	LI) MAN PR	HC
A. Full	Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
L			· .
Mailing	Address		
City	State	Zip Code	
City	State	zip oode	
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	landing Balance Beginning This Period		
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l	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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B. Full I	Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of Debt (Purpose):
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Mailing	Address		
City	State	Zip Code	/
-		/	
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C. Full	Name (Last, First, Middle Initial) of Deb	otor or Creditor	Nature of Debt (Purpose):
		/	
Mailing	Address		——
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City		State Zip Code	
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1.000 阿森	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
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SCHEDULE E (FEC Form 3X) FEMIZED INDEPENDENT EXPENDITURES

FEMIZED INDEPENDENT EXPENDITURES	PAGE OF FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER V
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Date of Publ	c Distribution/Dissemination
Mailing Address	
A	
Date of Disb	hadardwall-പ്പതിക്കികൾകൾ ursement or Obligation
Purpose of Expenditure Category/ Type	
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Diebursement For:	Primary General
1) resilient de la company de	
Full Name of Payee Date of Pub	
Mailing Address Amount	Transaction and Transaction in the same instance of
City State Zip Code	and the second s
	oursement or Obligation
Purpose of Expenditure Category/ Type	
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Per Election for Office Sought Disbursement For:	Primary General
Per Election for Cince Sought Other (s	pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	amalhamail vardinganih mini senvikenadanan b
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Signature	

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(2 U.S.C. §441a(d))

(2 u.S.C. §441a(d))

(То к	e used only	by Political Comn	nittees in the G	eneral Election) FOR LINE	25 OF FORM 3X
AME OF COMMITTEE (IA Full)	AN	T OL	D M	PAN PAC	
as your committee been designated to male	ke	Full Name of Subo	- •		
pordinated expenditures by a political party					
YES NO YES, name the designating committee:	ļ.	Mailing Address			
Tao, name me uesignamig committee:]	maming Address			
	ļ	City		State ZIF	P Code
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	grams Geeline Vision		
					Category/
Mailing Address		Date	Туре		
City	State	Zip Code			and the state of t
					d
Name of Federal Candidate Supported	Office Sought	 	State:	Amount	
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Mailing Address					Type
City	State	Zip Code		Date	
City	State	21p C008			
Name of Federal Candidate Supported	Office Sough	t: House	State:	Amount	i lediten armine and a
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Aggregate General Election		is sadimusters die es	3		
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			howshearthan!		
Mailing Address					Category/ Type
maining Addition				Date	.,,,,
City State Zip Code			****		
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Aggregate General Election	, , , ,	and the second second	i i		
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OTAL This Period (last page this line num	nber only)			•	The second secon

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DITIVE AND EXEMPT AUTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Consmittees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnented Committees Only)

NAME OF COMMITTEE (In Full)
THE FAT OW MAN PAC
USE ONLY ONE SECTION, A or B
A. State and Local Party Committees Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal) Presidential and Senate Election Year (36% Federal) Senate-Only Election Year (21% Federal) Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal %
Nonfederal
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

be used t	by Btate, Bistrict and Local	Party Committees Only)	PAGE OF FOR LINE 18b OF FORM 3X
	MMITTEE (In Full)		p on Live 100 of Form 3x
14	HE FAT OUS	MAN PAC	
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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	Total Amount Transferred for Voter	Registration	all resembles and the second s
ii)	Voter ID	V	OTER ID
. ")	Total Amount Transferred for Voter	ID.	
		i speedhan ; mit ea #72 ee watanii	GOTV
iii)	GOTV	i	mile autorit, men ei sestre till men eller verbreren uttermendeten verifi
	Total Amount Transferred for GOT		timent to an artifaction with the communication and the contribution of the contributi
iv)	Generic Campaign Activity	7	GENERIC CAMPAIGN ACTIVITY http://www.youture.gov.en/gov.e
	Total Amount Transferred for Gene	ric Campaign Activity	The second secon
NAME OF A	CCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
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BREAKDOV	NN OF THIS TRANSFER		
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	Total Amount Transferred for Voter	Registration	
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ii)	Voter ID		an francountries and transfer a
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iii)	GOTV	Example at the	GOTV
	Total Amount Transferred for GOT		militare discussive differentiare de mailitare discondi
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TOTA	L This Period (Generic Campaign A	Activity)	and an investment of the state of the state of
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TOTA	L This Period (Total Amount of Tran	nsfers Received)	and to be should be specified the specific of the subsection of th
			a annual ang ang ang ang sa

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER:	PAG	ìE	OF
(check only one)	4 a	∏4c	□ ₅
 	4b	☐ 4d	

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) THE HAT M	AN PAC	
Full Name (Last, First, Middle Initial) / Full Organization Na A. Mailing Address	ame	Date of Disbursement
Mailing Address City State	7in Code	Amount of Each Dishurands this David
Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) / Full Organization NaB.	ame	Date of Disbursement
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City State	Zip Code	Amount of Each Disbursement this Period
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City State Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
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Mailing Address		
City State : Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)	>	and a state of the control of the co

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

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THE FAT OLD MAN PAC

32545 Stony Brook Lane Solon OH 44139 216-339-1531 TFOMPAC@gmail.com

May 8 2014

Federal Elections Commission 999 E Street NW Washington DC 20463

RE: Form FEC 3X Due June 6, 2014 {30 day Post Election}

Dear Sir:

Please accept for filing the PAC's FEC 3X.

Sincerely,

inca

RCR/enc.
Certified Mail

7013 2630 0000 1474 8402

*** BE *********************************	See Reverse for Instructions
MAIL WAIL Works	
U.S. Postal Servicena CERTIFIED MAIL— RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.coms UASHINGIAN DE 20463 A	PS Form 3800, August 2006

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TEN ELECTION COMMISSION 3 999 E STREET N.W. W. W. W. W. W. W. D.C. W. D.C. 20463

ROBERT CHARLES ROSENFELD ROBERT C ROSENFELD LLM CO LPA 32545 STONY BROOK LANE SOLON OH 44139-1936

RETUNG RECEIPT REQUESTED



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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he		
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Received from Senate Public Records Office	Date of	Receipt
Received from Electronic Filing Office	Date of	Receipt
Other (Specify):	ceipt or Po	stmarked
AAC) PREPARER	5/23/ DATE P	lı <i>y</i> REPARED
(8/2013)		