

THE FAT OLD MAN PAC

32545 Stony Brook Lane

Solon OH 44139

216-339-1531

901-339-1533 (fax)

robertcrosenfeld@gmail.com

FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

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
Robert C Rosenfeld
Treasurer

RCR/irr
enc.

7013 2630 0000 1474 8419

14031241793

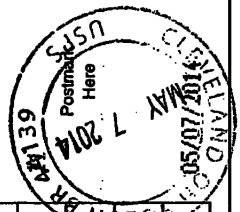
14031241794

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For delivery information visit our website at www.usps.com®

OFFICIAL USE

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Certified Fee		\$3.30	
Return Receipt Fee (Endorsement Required)		\$0.00	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.12	



Sent To _____
 Street, Apt. #, _____
 or PO Box No. _____
 City, State _____

FIRE
WYNDE 2013

PS Form 3800, August 2006 See Reverse for Instructions

2013 4424 0000 0392 E702



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 RFAs 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

14031241795

APRIL QUARTERLY REPORT NOTICE

FEDERAL ELECTION COMMISSION

**CONGRESSIONAL COMMITTEES
PARTIES AND PACS**

March 21, 2014

CURRENT REPORT DUE

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

14031241796

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 PACs

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 11 CFR 104.5(c)(1)(ii).

- Web Page: [2014 Congressional Pre-Primary Reporting Dates](#)
- The Record:
 - [FEC Record Blog: Reporting](#)
 - [January 2014 Reporting Article \[PDF\]](#)

SUPPLEMENTAL FILING INFORMATION

- [Congressional Committees](#)
- [Parties and PACs](#)

**FEC
FORM 3X**

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

FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2014 MAY 23 PM 2:17

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

THE FAT OLD MAN PAC

ADDRESS (number and street)

32545 STONY BROOK LN

Check if different than previously reported. (ACC)

SOLEDON

OH

44139-1936

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000525311

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

State

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

12 / 31 / 2013

through

04 / 15 / 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

ROBERT ROSENFELD

Signature of Treasurer

Robert Rosenfeld

Date

05 / 05 / 2014
5 / 19 / 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 3X
Rev. 12/2004

14031241797

**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:

From:

12 31 2014

To:

04 15 2014

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

(b) Cash on Hand at
Beginning of Reporting Period.....

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 31)

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

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)



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

14031241798

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex-
penditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

14031241801

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		OF	
<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			

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)
THE FAT OLD MAN PAC

A.

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

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).....▶

14031241802

**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 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

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)

THE FAT OLD MAN PAC

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement: / /

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Category/Type:

Amount of Each Disbursement this Period:

B.

Date of Disbursement: / /

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Category/Type:

Amount of Each Disbursement this Period:

C.

Date of Disbursement: / /

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Category/Type:

Amount of Each Disbursement this Period:

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

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

14031241803

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
THE FAT OLD MAN INC

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:	
Mailing Address	<input type="checkbox"/> Primary	<input type="checkbox"/> General
City State ZIP Code	<input type="checkbox"/> Other (specify) ▼	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
MM/DD/YYYY	MM/DD/YYYY	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

14031241804

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page _____ of Schedule C

NAME OF COMMITTEE (In Full) <i>THE FAT OLD MAN PAC</i>	FEC IDENTIFICATION NUMBER <i>C</i>
---	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

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

C. Are other parties secondarily liable for the debt incurred?
 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). Location of account:
Date account established: 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
---	------

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
--	-------	------

14031241805

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

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

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

NAME OF COMMITTEE (In Full)

THE FRTI OLD MAN PAC

A. 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	

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	

one

1) SUBTOTALS This Period This Page (optional).....	▶
2) TOTALS This Period (last page this line number).....	▶
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) ▶	

14031241806

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>THE FAT OLD MAN PAC</i>	FEC IDENTIFICATION NUMBER <i>C</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	[]
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	[]
(c) TOTAL Independent Expenditures.....▶	[]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date [] / [] / []

14031241807

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))
 (To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
THE FAT OLD MAN PAC

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Aggregate General Election Expenditure for this Candidate ▶	

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

14031241808

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

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

NAME OF COMMITTEE (In Full)

THE FAST OLD MAN PRC

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

14031241809

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

14031241810

NAME OF COMMITTEE (In Full)
THE FRT OLD MAN PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) Voter ID**
Total Amount Transferred for Voter ID
- iii) GOTV**
Total Amount Transferred for GOTV
- iv) Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

- i) Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) Voter ID**
Total Amount Transferred for Voter ID
- iii) GOTV**
Total Amount Transferred for GOTV
- iv) Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration)**.....
- TOTAL This Period (Voter ID)**.....
- TOTAL This Period (GOTV)**.....
- TOTAL This Period (Generic Campaign Activity)**.....
- TOTAL This Period (Total Amount of Transfers Received)**.....

**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: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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)
THE KAT MAN PAC

A.		Date of Disbursement
Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		<input type="checkbox"/>
B.		Date of Disbursement
Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		<input type="checkbox"/>
C.		Date of Disbursement
Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		<input type="checkbox"/>
D.		Date of Disbursement
Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		<input type="checkbox"/>
E.		Date of Disbursement
Full Name (Last, First, Middle Initial) / Full Organization Name		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement		<input type="checkbox"/>
SUBTOTAL of Disbursements This Page (optional).....▶		<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶		<input type="checkbox"/>

14031241811

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:

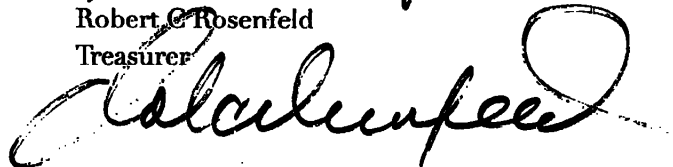
Please accept for filing the PAC's FEC 3X.

Sincerely,



Robert C. Rosenfeld

Treasurer



5-19-14

RCR/enc.

Certified Mail

7013 2630 0000 1474 8402

14031241812

14031241813

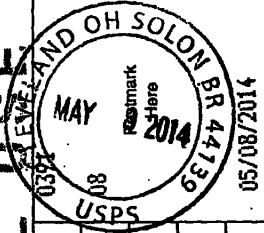
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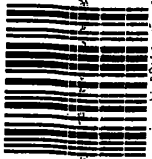
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