RECEIVED
2013 FEB -6 PM 12:09
FEC MAIL CENTER

January 31, 2013

Federal Election Commission
999 E Street NW
Washington, DC 20463

RE: Kosciusko Silent No More Corp

Our group's treasurer resigned January 8, 2013. On January 26, 2013 Teresa Martin was named our new Treasurer for transactions and I was named our new Treasurer for reports, taxes, and compliance. Teresa and I are the third treasurer arrangement our group has had. The immediate past Treasurer replaced our original Treasurer. Our prior Treasurers thought they had completed their duties by filing our Business Entity with our Indiana Secretary of States, Business Services Division and filing an initial 8871 with the IRS, along with determining if a 1120-POL tax return was due. When I was named the Treasurer who would do paperwork, I found that some 527 PACs have to file with the FEC.

Thank you,

Craig Nayrocker
Treasurer for reports, taxes and compliance
Kosciusko Silent No More
651 N Johnson
Warsaw, IN 46580
Evenings (574)269-5956
POE (574) 269-4487 ext. 5804
cnayrocker@maplenet.net
cnayrocker@gmail.com

13031034810

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
2013 FEB -6 PM 12:09
Office Use Only
FEC MAIL CENTER

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

KOSCIUSKO SILENT NO MORE COMM

ADDRESS (number and street) ▼ 11434 S 100 W

☐ Check if different than previously reported. (ACC)

SILVER LAKE | IN | 46982-

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C

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

13031034811

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) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ☐☐/☐☐/☐☐☐☐ in the State of ☐☐

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ☐☐/☐☐/☐☐☐☐ in the State of ☐☐

5. Covering Period 01/01/2012 through 12/31/2012

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 MAYROCKER

Signature of Treasurer [signature] Date 01/31/2013

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

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

KOSCIUSKO SILENT NO MORE COM

Report Covering the Period: From: 01 / 01 / 2012 To: 12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		143.21
(b) Cash on Hand at Beginning of Reporting Period	143.21	
(c) Total Receipts (from Line 19)	6589.66	6589.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6732.87	6732.87
7. Total Disbursements (from Line 31)	6563.78	6563.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	169.09	169.09
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

13031034812

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004) — Page **3**

Write or Type Committee Name

KOSCIUSKO COUNTY SILENT NO MORE COMM

Report Covering the Period: From: 01 / 01 / 2012 To: 12 / 31 / 2012

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)	60000	60000
(ii) Unitemized	593777	593777
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	653777	653777
(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) ▶	653777	653777
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received	5000	5000
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.)	189	189
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)	000	000
(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)) ▶	658966	658966
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	658966	658966

13031034813

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003) — Page 4

13031034814

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	214519	214519
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	214519	214519
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	259682	259682
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made	50.00	50.00
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	177177	177177
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))	656378	656378
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	656378	656378

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	653777	653777
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	653777	653777
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	214519	214519
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	214519	214519

13031034815

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 /

☐ 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)
KOSCIUSKO SILENT NO MORE CORP

13031034816

A.
Full Name (Last, First, Middle Initial): HEIERMAN, JAMES W
Mailing Address: 807 W MONOQUET
City: WARSAW State: IN Zip Code: 46582
FEC ID number of contributing federal political committee: C
Name of Employer: YOUR RED ELEPHANT
Occupation: SALES
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATIONS
Aggregate Year-to-Date ▼: 5000
Date of Receipt: 06 / 26 / 2012
Amount of Each Receipt this Period: 5000

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) ▶ 5000

TOTAL This Period (last page this line number only) ▶ 5000

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 2

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

13031034817

A.
Full Name (Last, First, Middle Initial): MASTELSON, JIMMA
Mailing Address: 4691 E 500 S
City: WARSAW State: IN Zip Code: 46580
FEC ID number of contributing federal political committee: C
Name of Employer: WHITKO SCHOOLS
Occupation: TEACHERS ASSISTANT
Receipt For: ☒ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 10000
Date of Receipt: 02 / 17 / 2012
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): MASTELSON, JIMMA
Mailing Address: 4691 E 500 S
City: WARSAW State: IN Zip Code: 46580
FEC ID number of contributing federal political committee: C
Name of Employer: WHITKO SCHOOLS
Occupation: TEACHERS ASSISTANT
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 06 / 27 / 2012
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): ERDMAN, RICHARD
Mailing Address: 3113 W NORTHSHORE DR
City: COLUMBIA CITY State: IN Zip Code: 46725
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: RETIRED
Receipt For: ☒ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 20000
Date of Receipt: 02 / 15 / 2012
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

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 2 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A.
Full Name (Last, First, Middle Initial) ERDMAN RICHARD
Mailing Address 3113 W NORTHSHORE DR
City COLUMBIA CITY State IN Zip Code 46725

Date of Receipt: 07 / 05 / 2012

Amount of Each Receipt this Period: 20000

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: ☐ Primary ☒ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 40000

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) ▶	20000
TOTAL This Period (last page this line number only) ▶	60000

13031034818

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

PAGE 1 OF 9

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

A.
Full Name (Last, First, Middle Initial)
BARKER KEEP-SAFE STORAGE
Mailing Address 1501 W CENTER
City WARSAW State IN Zip Code 46580
Purpose of Disbursement STORAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement 03 / 29 / 2012
Amount of Each Disbursement this Period 3000

B.
Full Name (Last, First, Middle Initial)
BARKER KEEP-SAFE STORAGE
Mailing Address 1501 W CENTER
City WARSAW State IN Zip Code 46580
Purpose of Disbursement STORAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement 04 / 29 / 2012
Amount of Each Disbursement this Period 3000

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement / /
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 6000

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

13031034819

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)
21b ☒ | 22 ☐ | 23 ☐ | 24 ☐ | 25 ☐ | 26 ☐
27 ☐ | 28a ☐ | 28b ☐ | 28c ☐ | 29 ☐ | 30b ☐

PAGE 2 OF 9

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

A.
Full Name (Last, First, Middle Initial): BARKER KEEP-SAFE STORAGE
Mailing Address: 1501 W CENTER
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: STORAGE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement: 02 / 24 / 2012
Amount of Each Disbursement this Period: 30.00

B.
Full Name (Last, First, Middle Initial): BARKER KEEP-SAFE STORAGE
Mailing Address: 1501 W CENTER
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: STORAGE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement: 03 / 24 / 2012
Amount of Each Disbursement this Period: 30.00

C.
Full Name (Last, First, Middle Initial): BARKER KEEP-SAFE STORAGE
Mailing Address: 1501 W CENTER
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: STORAGE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement: 04 / 24 / 2012
Amount of Each Disbursement this Period: 30.00

SUBTOTAL of Disbursements This Page (optional) ▶ 90.00

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

13031034820

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

PAGE 3 OF 9

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

13031034821

A.
Full Name (Last, First, Middle Initial): BARKER KEEP-SAFE STORAGE
Mailing Address: 1501 W CENTER
City: WARSAW State: Zip Code: 46580
Purpose of Disbursement: STORAGE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement: 11 / 24 / 2012
Amount of Each Disbursement this Period: 30.00

B.
Full Name (Last, First, Middle Initial): BARKER KEEP-SAFE STORAGE
Mailing Address: 1501 W CENTER
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: STORAGE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATIONS
Date of Disbursement: 12 / 24 / 2012
Amount of Each Disbursement this Period: 30 00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 60 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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
KOSCIUSKO SILENT WOLF CORP

A.
Full Name (Last, First, Middle Initial)
BARKER KEEP-SAFE STORAGE
Mailing Address 1501 W CENTER
City WARSAW State Zip Code 46580
Purpose of Disbursement STORAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement 08 24 2012
Amount of Each Disbursement this Period 30.00

B.
Full Name (Last, First, Middle Initial)
BARKER KEEP-SAFE STORAGE
Mailing Address 1501 W CENTER
City WARSAW State IN Zip Code 46580
Purpose of Disbursement STORAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement 09 24 2012
Amount of Each Disbursement this Period 30.00

C.
Full Name (Last, First, Middle Initial)
BARKER KEEP-SAFE STORAGE
Mailing Address 1501 W CENTER
City WARSAW State IN Zip Code 46580
Purpose of Disbursement STORAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement 10 24 2012
Amount of Each Disbursement this Period 30.00

SUBTOTAL of Disbursements This Page (optional) ▶ 90.00

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

13031034822

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

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

A.
Full Name (Last, First, Middle Initial): DAVID BONEWITZ
Mailing Address: 505 W CENTER
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: KEYS MORE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement: 01 / 20 / 2012
Amount of Each Disbursement this Period: 1000

B.
Full Name (Last, First, Middle Initial): DAVID BONEWITZ
Mailing Address: 505 W CENTER
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: RENTAL
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement: 05 / 30 / 2012
Amount of Each Disbursement this Period: 200 00

C.
Full Name (Last, First, Middle Initial): HALL & MALOSE INSURANCE
Mailing Address: 122 W MARKET
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: INSURANCE
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) OPERATING
Date of Disbursement: 02 / 15 / 2012
Amount of Each Disbursement this Period: 769 03

SUBTOTAL of Disbursements This Page (optional) ▶ 979 03

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

13031034823

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

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

A.
Full Name (Last, First, Middle Initial)
CC GRAPHICS
Mailing Address PO BOX 640
City PIERCETON State IN Zip Code 46562
Purpose of Disbursement COPIES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement 07 / 02 / 2012
Amount of Each Disbursement this Period 71.78

B.
Full Name (Last, First, Middle Initial)
CC GRAPHICS
Mailing Address PO BOX 640
City PIERCETON State IN Zip Code 46562
Purpose of Disbursement COPIES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement 10 / 31 / 2012
Amount of Each Disbursement this Period 186.18

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement / /
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 257.96

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

13031034824

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

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

13031034825

A.
Full Name (Last, First, Middle Initial)
~~[illegible]~~ CC GRAPHICS
Mailing Address PO BOX 646
City PIERCETON State IN Zip Code 46562
Purpose of Disbursement COPIES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement 01 / 05 / 2012
Amount of Each Disbursement this Period 16.05

B.
Full Name (Last, First, Middle Initial)
CC GRAPHICS
Mailing Address PO BOX 640
City PIERCETON State IN Zip Code 46562
Purpose of Disbursement COPIES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement 04 / 30 / 2012
Amount of Each Disbursement this Period 10.70

C.
Full Name (Last, First, Middle Initial)
CC GRAPHICS
Mailing Address PO BOX 640
City PIERCETON State IN Zip Code 46562
Purpose of Disbursement COPIES
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement 06 / 07 / 2012
Amount of Each Disbursement this Period 17.07

SUBTOTAL of Disbursements This Page (optional) ▶ 43.82

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

PAGE 8 OF 9

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

13031034826

A.
Full Name (Last, First, Middle Initial)
HEIERMAN, JAMES W
Mailing Address 807 W MONROE
City WARSAW State IN Zip Code 46580
Purpose of Disbursement STORAGE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) EXPENS. OPERATING
Date of Disbursement 07 / 02 / 2012
Amount of Each Disbursement this Period 30.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
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
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement / /
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 30.00

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)
☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)
KOSCIUSKO SILENT NO MORE COM

A.
Full Name (Last, First, Middle Initial)
GO DADDY
Mailing Address WWW.GODADDY.COM
City State Zip Code
Purpose of Disbursement WEBSITE
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ ONLINE
Date of Disbursement 06 / 15 / 2012
Amount of Each Disbursement this Period 21494

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶	21494
TOTAL This Period (last page this line number only) ▶	182575

13031034827

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

PAGE 1 OF 3

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 10 MILE CORP

A.
Full Name (Last, First, Middle Initial)
HEIDELMAN, JAMES W
Mailing Address
807 W MONOQUET
City: WARSAW State: IN Zip Code: 46582
Purpose of Disbursement: VOTING SUPPLIES
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify) ▼ OTHER DISBURSEMENT
Date of Disbursement: 12 / 04 / 2012
Amount of Each Disbursement this Period: 33.77

B.
Full Name (Last, First, Middle Initial)
HEIDELMAN JAMES W
Mailing Address
City State Zip Code
Purpose of Disbursement: BALLOONS FOR FAIR
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify) ▼ OTHER DISBURSEMENT
Date of Disbursement: 07 / 13 / 2012
Amount of Each Disbursement this Period: 30.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify) ▼
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 63.77

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

13031034828

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

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

13031034829

A.
Full Name (Last, First, Middle Initial): WOLKINS, DAVID
Mailing Address: 535 S 325 E
City: WARSAW State: Zip Code: 46582
Purpose of Disbursement: REIMBURSE RIGHT TO WORK PUBLIC DISCUSSION
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: IN District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OTHER DISBURSEMENT
Date of Disbursement: 02 / 15 / 2012
Amount of Each Disbursement this Period: 200.00

B.
Full Name (Last, First, Middle Initial): KOSCIUSKO PREGNANCY CENTER
Mailing Address: 1515 PROVIDENT DR SUITE 100
City: WARSAW State: IN Zip Code: 46580
Purpose of Disbursement: GIFT
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OTHER DISBURSE
Date of Disbursement: 04 / 24 / 2012
Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: MM / DD / YYYY
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 450.00

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

PAGE 3 OF 3

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

13031034830

A.
Full Name (Last, First, Middle Initial): KOSCIUSKO RIGHT TO LIFE
Mailing Address: PO BOX 1162
City: WARSAW State: IN Zip Code: 46581
Purpose of Disbursement: BANQUET TICKETS
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OTHER
Date of Disbursement: 04 / 24 / 2012
Amount of Each Disbursement this Period: 250 00

B.
Full Name (Last, First, Middle Initial): KOSCIUSKO RIGHT TO LIFE
Mailing Address: PO BOX 1162
City: WARSAW State: IN Zip Code: 46581
Purpose of Disbursement: BANQUET
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OTHER
Date of Disbursement: 07 / 08 / 2012
Amount of Each Disbursement this Period: 320 00

C.
Full Name (Last, First, Middle Initial): KOSCIUSKO RIGHT TO LIFE
Mailing Address: PO BOX 1162
City: WARSAW State: IN Zip Code: 46581
Purpose of Disbursement: BANQUET
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President — State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OTHER
Date of Disbursement: 11 / 01 / 2012
Amount of Each Disbursement this Period: 493 00

SUBTOTAL of Disbursements This Page (optional) ▶ 1063 00

TOTAL This Period (last page this line number only) ▶ 157677

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

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
KOSCIUSKO SILENT 10 MORE COMM

A.
Full Name (Last, First, Middle Initial)
HEIFERMAN, JAMES W
Mailing Address
807 W MONOQUET RD
City: WARSAW State: IN Zip Code: 46582
Purpose of Disbursement
LOAN REPAYMENT
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ OPERATING
Date of Disbursement: 07 / 02 / 2012
Amount of Each Disbursement this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	50.00

13031034831

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

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

LOAN SOURCE Full Name (Last, First, Middle Initial)
HEIERMAN, JAMES W

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ OPERATIONS

Mailing Address 807 W MONOQUET RD

City WARSAW State IN ZIP Code 46582

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000	5000	000

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06/26/2012	07/02/2012	0 % (apr)	[ ] Yes [x] No

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

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

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	0.00
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.

13031034832

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 10
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): KOSCIUSKO SILENT NO MORE COMM

FEC IDENTIFICATION NUMBER ▼: C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on ☐☐/☐☐/☐☐☐☐

Full Name (Last, First, Middle Initial) of Payee: HEIERMAN, JAMES W

Mailing Address: 807 W MONOQUET

City: WARSAW State: IN Zip Code: 46582

Date: 02/07/2012

Amount: 5000

Purpose of Expenditure: SIGN

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: ____ District: ____

Name of Federal Candidate Supported or Opposed by Expenditure: MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 5000

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee: HEIERMAN, JAMES W

Mailing Address: 807 W MONOQUET

City: WARSAW State: IN Zip Code: 46582

Date: 03/27/2012

Amount: 5000

Purpose of Expenditure: SIGN

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: ____ District: ____

Name of Federal Candidate Supported or Opposed by Expenditure: MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 10000

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 10000

(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: [signature]

Date: 07/31/2013

13031034833

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 10
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): KOSCIUSKO SILENT NO MORE COMM

FEC IDENTIFICATION NUMBER ▼: C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

---

Full Name (Last, First, Middle Initial) of Payee: HEIERMAN, JAMES W

Mailing Address: 807 W MONTGOMERY

City: WARSAW State: IN Zip Code: 46580

Date: 03 / 27 / 2012

Amount: 7006

Purpose of Expenditure: SIGN

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure: MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 17000

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee:

Mailing Address:

City: State: Zip Code:

Date: / /

Amount:

Purpose of Expenditure:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 7006

(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 01 / 31 / 2013

13031034834

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): KOSCIUSKO SILENT NO MORE COMM

FEC IDENTIFICATION NUMBER ▼: C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

---

Full Name (Last, First, Middle Initial) of Payee: KOSCIUSKO COUNTY COMMUNITY FAIR INC

Mailing Address: PO BOX 1093

City: WARSAW State: IN Zip Code: 46581

Date: 03 / 08 / 2012

Amount: 26500

Purpose of Expenditure: BOOTH AT FAIR

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure: MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 26500

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee: KOSCIUSKO COUNTY COMMUNITY FAIR INC

Mailing Address: PO BOX 1093

City: WARSAW State: IN Zip Code: 46581

Date: 05 / 30 / 2012

Amount: 20000

Purpose of Expenditure: FAIR BOOTH

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure: MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 46500

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 46500

(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: 01 / 31 / 2013

13031034835

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 10
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on ☐☐/☐☐/☐☐☐☐

13031034836

Full Name (Last, First, Middle Initial) of Payee
UNITED STATES POSTAL SERVICE

Mailing Address
365 W MARKET

City: WARSAW State: IN Zip Code: 46580

Date: 09/24/2012

Amount: 99.05

Purpose of Expenditure: POSTAGE

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: ____ District: ____

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 99.05

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
UNITED STATES POSTAL SERVICE

Mailing Address
365 W MARKET

City: WARSAW State: IN Zip Code: 46580

Date: 10/01/2012

Amount: 96.00

Purpose of Expenditure: POSTAGE

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: ____ District: ____

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 195.05

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 195.05

(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 01/31/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 14
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

---

Full Name (Last, First, Middle Initial) of Payee
UNITED STATES POSTAL SERVICE

Mailing Address
365 W MARKET

City: WARSAW State: IN Zip Code: 46580

Date: 10 05 2012

Amount: 14000

Purpose of Expenditure: POSTAGE

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 33509

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
UNITED STATES POSTAL SERVICE

Mailing Address
365 W MARKET

City: WARSAW State: IN Zip Code: 46580

Date: 10 11 2012

Amount: 7000

Purpose of Expenditure: POSTAGE

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 40509

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 21000

(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 01 31 2013

13031034837

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 11
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on ☐☐/☐☐/☐☐☐☐

Full Name (Last, First, Middle Initial) of Payee
MARTIN, TERESA

Mailing Address
11434 S 100 W

City
SILVER LAKE

State
IN

Zip Code
46982

Date
05/29/2012

Amount
129.28

Purpose of Expenditure
BREAKFAST

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State:
District:

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought
129.28

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
MARTIN, TERESA

Mailing Address
11434 S 100 W

City
SILVER LAKE

State
IN

Zip Code
46982

Date
07/03/2012

Amount
99.05

Purpose of Expenditure
BALLOON STICKS

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President
State:
District:

Name of Federal Candidate Supported or Opposed by Expenditure:
DONNELLY

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought
99.05

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 228.33

(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 01/31/2013

13031034838

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 OF 10
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

---

Full Name (Last, First, Middle Initial) of Payee
MARTIN, TERESA

Mailing Address
11434 S 100 W

City: SILVER LAKE State: IN Zip Code: 46982

Date: 10 / 16 / 2012

Amount: 34439

Purpose of Expenditure: PLASTIC DOOR HANGERS

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Office Sought: ☐ House ☒ Senate ☐ President State: ____ District: ____

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 44344

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
MARTIN, TERESA

Mailing Address
11434 S 100 W

City: SILVER LAKE State: IN Zip Code: 46982

Date: 12 / 03 / 2012

Amount: 3500

Purpose of Expenditure: BREAKFAST

Category/ Type:

Name of Federal Candidate Supported or Opposed by Expenditure:
MOURDOCK

Office Sought: ☐ House ☒ Senate ☐ President State: ____ District: ____

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought: 47844

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 37939

(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: 01 / 31 / 2013

13031034839

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 8 OF 10
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
CHAMPAGNE JAM FKA 2517

Mailing Address
2517 E CENTER

City: WARSAW State: IN Zip Code: 46580

Date: 04 / 13 / 2012

Amount: 25000

Purpose of Expenditure: RENT ROOM

Category/ Type:

Office Sought: ☐ House ☐ Senate ☒ President State: ___ District: ___

Name of Federal Candidate Supported or Opposed by Expenditure:
OBAMA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 25000

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
CHAMPAGNE JAM FKA 2517

Mailing Address
2517 E CENTER

City: WARSAW State: IN Zip Code: 46580

Date: 04 / 24 / 2012

Amount: 13355

Purpose of Expenditure: RENT ROOM

Category/ Type:

Office Sought: ☐ House ☐ Senate ☒ President State: ___ District: ___

Name of Federal Candidate Supported or Opposed by Expenditure:
OBAMA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 38355

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 38355

(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 01 / 31 / 2013

13031034840

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 9 OF 10
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): KOSCIUSKO SILENT NO MORE COMM

FEC IDENTIFICATION NUMBER ▼ C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Payee 1

Full Name (Last, First, Middle Initial) of Payee: CHAMPAGNE JAN FKA 2517

Mailing Address: 2517 E CENTER

City: WARSAW State: IN Zip Code: 46580

Date: 04 / 30 / 2012

Amount: 700

Purpose of Expenditure: RENT ROOM

Category/ Type:

Office Sought: ☐ House ☐ Senate ☒ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure: OBAMA

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought: 39055

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Payee 2

Full Name (Last, First, Middle Initial) of Payee:

Mailing Address:

City: State: Zip Code:

Date: M M / D D / Y Y Y Y

Amount:

Purpose of Expenditure:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 700

(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 01 / 31 / 2013

13031034841

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 10
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
VENDOR
UNKNOWN - UNKNOWN INTERNET

Mailing Address

City State Zip Code

Date
06 / 23 / 2012

Amount
25850

Purpose of Expenditure
BALLOONS

Category/ Type

Office Sought: ☐ House ☒ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:
DONNELLY

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election for Office Sought
25850

Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date
/ /

Amount

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 25850

(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 01 / 31 / 2013

13031034842

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT; FEE; WITHDRAWAL (-)	✓	DEPOSIT; CREDIT (+)	$ BALANCE
	6/22	Dep from 540		+	7 41	264 58
	6/23	Ballons-	-258 50			272 05
	6/26	Loan from Jim H			+50 00	13 55
	6/27	Donation from Jimma			+100 00	163 55
1279	7/2	Repay Jim Loan Bougus Storage	-80 00	✓		83 55
1280	7/2	CC Graphics	-71 78	✓		11 77
	7/3	Meeting Donations		✓	+219 00	230 77
1281	7/3	Teresa Martin Ballon Sticks	-99 05	✓		131 72
~~1282~~	~~7/3~~	~~Amy Clipse~~	~~-10 99~~		Void	✓
	7/9	Donation Rip Spencer		✓	+100 00	231 72
1283	7/9	Copies for Booth Fair	-83 78	✓		147 94
	7/9	Online Donation		✓	+45 93	193 87
1284	7/13	Jim - for Kmart Fair Ballons	-30 00	✓		163 87

130310348443

Main Identity

From: "Monica Boyer" <monboy2303@yahoo.com>
To: "Craig Nayrocker" <cnayrocker@maplenet.net>
Sent: Thursday, January 31, 2013 11:20 AM
Subject: Re: Balloon vender

It was an online company... Balloons plus I think. There should be a receipt with everything.

With Firm Reliance on Divine Providence...

Monica Boyer
Kosciusko Silent NO More

Author of "Not on My Watch"
www.monicaboyer.com
574-453-8605

130131034844

All that is necessary for the triumph of evil is that good men do nothing
~ Edmund Burke

From: Craig Nayrocker <cnayrocker@maplenet.net>
To: Monica Boyer <monboy2303@yahoo.com>
Sent: Thursday, January 31, 2013 11:18 AM
Subject: Balloon vender

Monica, Do you remember whe we got the "Say No To Joe" balloons from?

Craig Nayrocker
cnayrocker@maplenet.net

balloons plus | Search

About 5,210,000 results (0.26 seconds) | More Languages

Security Ratings: Active

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- Videos
- News
- Web
- Shopping
- Maps
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Always Fresh Flowers & Fine Gifts.
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Deal of the Week	Valentine's Day Collection

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Balloons Plus has offered the finest in decor since 1989. We started out in Manhattan and later moved to Staten Island where we continue to grow. We offer ...
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www.balloonsplussi.com/directions.html

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www.balloonsplussi.com/about.html

Balloons Plus in Staten Island, NY - Directions
Balloons Plus in Staten Island, NY. Come to Citysearch® to get information, directions, and reviews on Balloons Plus and other Balloons in Staten Island, NY.
newyork.citysearch.com/profile/7213406/staten_island_ny/balloons_plus.html

Balloons Plus in Staten Island, NY 10309 - SILive.com
Balloons Plus at 18 hervey street, Staten Island, NY 10309.
businessfinder.silive.com/2379260/Balloons-Plus-Staten-Island-NY

Balloons Plus - Home
Balloon Decoration for Every Occasion from Balloons Plus.
www.balloonsplus.co.uk/

Welcome | Balloons Plus Basket
Balloons Plus Basket · Login. 0 items in ... Group together with a selection of our other 'love' latex balloons. ... $0.00. Valentine's Basket: Plush, Lindt & Balloons ...
balloonsplusbasket.com.au/

Balloons Plus, balloon supplies and event decorators for promotions
Balloon Sales, Balloon Decoration Services, balloons for events and weddings, custom printed balloons, balloons for parties, balloons for sales promotion, ...
www.balloonsplus.com.au/

Party Balloons Plus - Springfield Gardens, NY - Community | Facebook
Party Balloons Plus is a balloon gift and event decorating business for all occasions—birthdays, graduations, showers, new baby, anniversaries, Sweet 16 ...
www.facebook.com/pages/Party-Balloons-Plus/127692207251422

A

B

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balloon plus

130134846

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weekly ads
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top categories:
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search tips:

- Check for typos and spelling errors.
- Try different keywords or more general terms.
- Use fewer keywords.

Target carries certain items in stores which are not yet available online. Please check with your local store to see if Target carries your items. Find a store.

If you are looking for a gift registry or list, try searching within Target Baby Registry, Target Wedding Registry, or TargetLists

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BALLOONS PLUS

When the possibilities are endless...

1303103484847

index

BALLOONS...

PLUS

THEMES

CONTACT US

Balloons Plus has offered the finest in decor since 1989. We started out in Manhattan and later moved to Staten Island where we continue to grow. We offer decor for all types of parties and events.

But don't let our name fool you. We offer much more than just balloons. That would be the "Plus". We offer custom theme centerpieces, life-size standups, signing boards and albums, fabric draping and more.

At Balloons Plus you will experience service with a personal touch. We take the time to sit with you to help you pick out a theme if you don't already have one. If you do, we listen and help make your dreams become a reality.

Whether you are planning your little one's 1st birthday extravaganza, your daughter's spectacular Sweet 16 or your son or daughter's Bar or Bat Mitzvah, we are here to make your day a special one.

We also specialize in corporate and large, outdoor events. As balloon decorators for the NYC Marathon since 1996, we have become experts at outdoor arches and decor.

CONTACT LINDA FOR AN APPOINTMENT

PHONE - (718) 351-3207

EMAIL - ~~BPLINDA@MSN.COM~~

Web site designed & hosted by linda pellrine © 2009 at Homestead™

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 11 OF 18
FOR LINE 24 OF FORM 3X

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

FEC IDENTIFICATION NUMBER ▼
C

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on

Full Name (Last, First, Middle Initial) of Payee
UNITEMIZED

Mailing Address

City State Zip Code

Date

Amount
30000

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶	
(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶	300 00
(c) **TOTAL** Independent Expenditures ▶	259682

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 01 / 31 / 2013

13031034848

Federal Election Commission
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PREPARER — DATE PREPARED: 2/6/13

(3/2005)

13031034849