

KENNETH STEPP
CANDIDATE FOR U.S. HOUSE, KENTUCKY-05
P. O. BOX 1271
MANCHESTER, KENTUCKY 40962
Phone or Fax: (606) 596-0360

RECEIVED
2014 MAY -9 PM 12:06
FEC MAIL CENTER

Email: kenneth_stepp@yahoo.com
web site: <http://www.steppforcongress.blogspot.com>

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

Re: Stepp Committee
Kenneth Stepp
U.S. House, Kentucky-05

Dear Federal Election Commission:

I am a candidate for the U.S. House, Kentucky-05 as a Democrat.

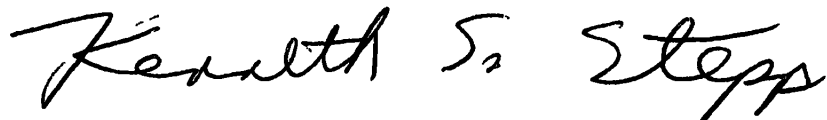
I have organized a committee, the Stepp Committee.

Please find enclosed my FEC forms. Please file them. Please stamp the copy of the first page of each form "filed" to show when and where the original was filed, and mail the copy of the first page of each form back to me in the enclosed envelope.

I understand that Kentucky has specifically waived having duplicate copies of FEC forms filed in the State or locally, and for that reason, yours is the only office where I will be filing FEC forms or copies of FEC forms.

Please phone me if you have any questions, or corrections, about my FEC forms and requirements.

Yours truly,



KENNETH STEPP

KSS/ks
Enclosures

14031233816

**FEC
FORM 3**

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

RECEIVED

2014 MAY -9 PM 12:06
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12 FEB 15 MAIL CENTER

STEPP COMMITTEE

ADDRESS (number and street)

7750 NORTH U.S. HIGHWAY 421

P. O. BOX 1271

Check if different than previously reported. (ACC)

MANCHESTER KY 40962 - 1271

2. FEC IDENTIFICATION NUMBER ▼

C 00556803

CITY ▲	STATE ▲	ZIP CODE ▲
		STATE ▼ DISTRICT
3. IS THIS REPORT	XX NEW (N) OR	AMENDED (A)
		KY 05

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)

Termination Report (TER)

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

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

Election on 05 / 20 / 2014 in the State of KY

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

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

Election on in the State of KY

5. Covering Period

04 / 01 / 2014 through 04 / 30 / 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 KENNETH S. STEPP

Signature of Treasurer

Kenneth S. Stepp

Date 05 / 06 / 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 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

STEPP COMMITTEE

Report Covering the Period: From: April 1 2014 To: April 30 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	\$1,036.41	\$2,187.71
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 3(b) from Line 6(a)).....	\$1,036.41	\$2,187.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$1,036.41	\$2,187.71
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	\$1,036.41	\$2,187.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0	0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0

For further information contact:

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

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

14031233818

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

STEPP COMMITTEE

Report Covering the Period: From: 04 01 2014 To: 04 30 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

\$1,003.80

\$1,574.80

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

\$ 1,003.80

\$1,574.80

(b) Political Party Committees.....

0

0

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

0

0

(d) The Candidate.....

\$ 32.61

\$ 612.99

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

\$1,036.41

\$2,187.79

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0

0

(b) All Other Loans.....

0

0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0

0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

\$1,036.41

\$2,187.79

14031233819

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	\$1,036.41	\$2,187.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans.....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS.....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	\$1,036.41	\$2,187.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	\$1,036.41
25. SUBTOTAL (add Line 23 and Line 24).....	\$1,036.41
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	\$1,036.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0

14031233820

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE <u>5</u> OF <u>15</u>				
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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)
STEPP COMMITTEE

Full Name (Last, First, Middle Initial) STEPP, CARSON K		Date of Receipt M M / D D / Y Y Y Y 04 01 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		\$571.27 IN-KIND PAYMENT TO ALLEGRA PRINTING FOR CAMPAIGN YARD SIGNS, BRACKETS & magnets
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,142.27	

Full Name (Last, First, Middle Initial) B. STEPP, CARSON K.		Date of Receipt M M / D D / Y Y Y Y 04 04 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		\$37.60 in-kind payment to APPALACHIAN NEWS--EXPRESS FOR CAMPAIGN NEWSPAPER ADVERTISEMENTS
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,179.87	

Full Name (Last, First, Middle Initial) C. STEPP, CARSON K.		Date of Receipt M M / D D / Y Y Y Y 04 05 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		\$90.95 in kind payment to VISTA PRINT FOR CAMPAIGN BANNERS
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,270.82	

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

14031233821

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
STEPP COMMITTEE

Full Name (Last, First, Middle Initial) A. STEPP, CARSON K		Date of Receipt M M / D D / Y Y Y Y 04 05 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period \$80.00 IN KIND PAYMENT TO PRINTTOPS PAYPAL FOR CAMPAIGN ROOF SIGN FOR CAR
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,350.82	

Full Name (Last, First, Middle Initial) B. STEPP, CARSON K.		Date of Receipt M M / D D / Y Y Y Y 04 09 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period \$10.68 in kind payment to WALMART SUPERCENTER, LONDON KENTUCKY FOR campaign zip ties and lamination spray
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,361.50	

Full Name (Last, First, Middle Initial) C. STEPP, CARSON K.		Date of Receipt M M / D D / Y Y Y Y 04 25 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period \$75.20 in kind payment to APPALACHIAN NEWS EXPRESS FOR CAMPAIGN NEWSPAPER ADVERTISEMENT
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,436.70	

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

14031233822

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
STAPP COMMITTEE

Full Name (Last, First, Middle Initial) A. STEPP, CARSON K		Date of Receipt MM / DD / YYYY 04 / 26 / 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period \$20.84
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		IN KIND PAYMENT TO PINE MOUNTAIN LUMBER, LLC FOR CAMPAIGN TRAVEL GASOLINE
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,457.54	

Full Name (Last, First, Middle Initial) B. STEPP, CARSON K.		Date of Receipt MM / DD / YYYY 04 / 22 / 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period \$20.27
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		IN KIND PAYMENT TO PAYPAL FOR CAMPAIGN FLAG HOLDERS FOR CAR
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,477.61	

Full Name (Last, First, Middle Initial) C. STEPP, CARSON K.		Date of Receipt MM / DD / YYYY 04 / 24 / 2014
Mailing Address 7750 NORTH HIGHWAY 421		Amount of Each Receipt this Period \$96.99
City MANCHESTER	State Zip Code KENTUCKY 40962	
FEC ID number of contributing federal political committee. C		IN KIND PAYMENT TO VISTA PRINT FOR CAMPAIGN BANNERS
Name of Employer HEARTHSIDE FOOD SOLUTIONS	Occupation MACHINE OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date \$1,574.60	

SUBTOTAL of Receipts This Page (optional).....	
TOTAL This Period (last page this line number only).....	\$1,003.80

14031233823

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15		
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
STEPP COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEPP, KENNETH S.

Mailing Address
7750 NORTH HIGHWAY 421

City State Zip Code
MANCHESTER KENTUCKY 40962

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

Name of Employer Occupation
KENNETH S. STEPP, PSC ATTORNEY AT LAW

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) , ,601.38

Date of Receipt
M M / D D / Y Y Y Y
04 12 / 2014

Amount of Each Receipt this Period
\$21.00

IN KIND CAMPAIGN EVENT
EXPENSE PAYMENT TO ORDER
OF THE EASTERN STAR
FOR SUPPER FOR THREE

B. Full Name (Last, First, Middle Initial)
STEPP, KENNETH S.

Mailing Address
7750 NORTH HIGHWAY 421

City State Zip Code
MANCHESTER KENTUCKY 40962

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

Name of Employer Occupation

Receipt For: Election Cycle-to-Date
 Primary General
 Other (specify) , , \$612.99

Date of Receipt
M M / D D / Y Y Y Y
04 24 / 2014

Amount of Each Receipt this Period
\$11.61

IN KINS PAYMENT TO
WALMART FOR CAMPAIGN POSTERS
MATERIAL CARDSTOCK

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: Election Cycle-to-Date
 Primary General
 Other (specify)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

\$ 32.61

14031233824

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
STEPP COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALLEGRA PRINTING

Mailing Address

1661 SOUTH MAIN STREET

City

LONDON

State

KY

Zip Code

49741

Purpose of Disbursement

CAMPAIGN SIGNS AND BRACKETS

006

Candidate Name

KENNETH S. STEPP

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: KY

District: 05

Date of Disbursement

M M / D D / Y Y Y Y

04 01 2014

Amount of Each Disbursement this Period

\$571.27

IN KIND CONTRIBUTION
BY CARSON STEPP

Full Name (Last, First, Middle Initial)

B. APPALACHIAN NEWS -- EXPRESS

Mailing Address

129 Caroline Avenue

City

PIKEVILLE

State

KY

Zip Code

40501

Purpose of Disbursement

CAMPAIGN NEWSPAPER ADVERTISEMENT

006

Candidate Name

KENNETH S. STEPP

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: KY

District: 05

Date of Disbursement

M M / D D / Y Y Y Y

04 04 2014

Amount of Each Disbursement this Period

\$37.60

IN KIND CONTRIBUTION
BY CARSON STEPP

Full Name (Last, First, Middle Initial)

C. VISTA PRINT

Mailing Address

95 HAYDEN AVENUE

City

LEXINGTON

State

MASS.

Zip Code

02421

Purpose of Disbursement

CAMPAIGN BANNERS

006

Candidate Name

KENNETH S. STEPP

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: KY

District: 05

Date of Disbursement

M M / D D / Y Y Y Y

04 05 2014

Amount of Each Disbursement this Period

\$90.95

IN KIND CONTRIBUTION
BY CARSON STEPP

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

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

14031233825

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>10</u> OF <u>15</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
STEPP COMMITTEE

Full Name (Last, First, Middle Initial) A. PRINTTOPS PAYPAL		Date of Disbursement M M / D D / Y Y Y Y 04 05 2014
Mailing Address 2211 NORTH FIRST STREET		Amount of Each Disbursement this Period \$80.00 IN KIND CONTRIBUTION BY CARSON STEPP
City SAN JOSE	State Zip Code CA 95131	
Purpose of Disbursement CAMPAIGN ROOF SIGN FOR CAR	006	
Candidate Name KENNETH S. STEPP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 05		

Full Name (Last, First, Middle Initial) B. WALMART SUPERCENTER		Date of Disbursement M M / D D / Y Y Y Y 04 09 2014
Mailing Address 1851 HIGHWAY 192 WEST		Amount of Each Disbursement this Period \$10.68 IN KIND CONTRIBUTION BY CARSON STEPP
City LONDON	State Zip Code KY 40741	
Purpose of Disbursement CAMPAIGN ZIP TIES AND LAMITATION SE	006	
Candidate Name KENNETH S. STEPP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 05		

Full Name (Last, First, Middle Initial) C. APPALACHIAN NEWS EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 25 2014
Mailing Address 129 CAROLINE AVENUE		Amount of Each Disbursement this Period \$75.20 IN KIND CONTRIBUTION BY CARSON K. STEPP
City PIKEVILLE	State Zip Code KY 41501	
Purpose of Disbursement CAMPAIGN NEWSPAPER ADVERTISEMENT	004	
Candidate Name KENNETH S. STEPP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY District: 05		

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

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

14031233826

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)

STEPP COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
04 26 2014

Amount of Each Disbursement this Period

\$20.84

IN KIND CONTRIBUTION
BY CARSON STEPP

A.

PINE MOUNTAIN LUMBER, LLC

Mailing Address

441 INDUSTRIAL PARK ROAD

City

WHITESBURG

State

KY

Zip Code

41858

Purpose of Disbursement

CAMPAIGN TRAVEL GASOLINE

Candidate Name

KENNETH S. STEPP

002
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: KY

District: 05

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
04 22 2014

Amount of Each Disbursement this Period

\$20.27

IN KIND CONTRIBUTION
BY CARSON STEPP

B.

PAYPAL

Mailing Address

2211

City

~~NORTH First Street~~

State

CA

Zip Code

95131

Purpose of Disbursement

CAMPAIGN FLAG HOLDERS FOR CAR

Candidate Name

KENNETH S. STEPP

006
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: KY

District: 05

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y
04 24 2014

Amount of Each Disbursement this Period

04 24 2014

\$96.99

IN KIND CONTRIBUTION
BY CARSON STEPP

C.

VISTA PRINT

Mailing Address

95 HAYDEN AVENUE

City

LEXINGTON

State

MASS.

Zip Code

02421

Purpose of Disbursement

CAMPAIGN BANNERS

Candidate Name

KENNETH S. STEPP

006
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: KY

District: 05

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

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

14031233827

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)
STEPP COMMITTEE

Full Name (Last, First, Middle Initial) A. ORDER OF THE EASTERN STAR		Date of Disbursement 04 12 2014
Mailing Address MAIN STREET		
City HAZARD	State KENTUCKY	Amount of Each Disbursement this Period \$21.00 IN KIND CONTRIBUTION BY KENNETH S. STEPP
Purpose of Disbursement CAMPAIGN EVENT EXPENSE SUPPER FOR 3		
Candidate Name KENNETH S. STEPP		Category/Type 007
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY	District: 005	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement 04 24 2014
Mailing Address 240 MANCHESTER SQUARE SHOPPING CENTER		
City MANCHESTER	State KENTUCKY	Amount of Each Disbursement this Period \$11.61 IN KIND CONTRIBUTION BY KENNETH S. STEPP
Purpose of Disbursement CAMPAIGN POSTERS MATERIAL CARDSTOCK		
Candidate Name KENNETH S. STEPP		Category/Type 006
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: KY	District: 005	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	\$ 1,136.41

14031233828

**SCHEDULE C (FEC Form 3)
LOANS**

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

PAGE 13 OF 15

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

STAPP COMMITTEE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

Primary
 General
 Other (specify) ▾

Mailing Address

City State ZIP Code

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)

Yes 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.

14031233829

14 15

**SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (in Full)
STPPP COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

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

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (in Full) STPPP COMMITTEE		FEC IDENTIFICATION NUMBER C.00556803
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

14031233831

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: _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: _____

Location of account: _____

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 _____ DATE _____

Signature _____

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 _____ DATE _____

Signature _____ Title _____

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Federal Election Commission
999 E Street, N.W.
WASHINGTON DC
ZIP + 4 (U.S. ADDRESSES ONLY)
20463

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PO ZIP Code	47749	Scheduled Delivery Date (MM/DD/YY)	5-8-14	Postage	\$ 19.99
Date Accepted (MM/DD/YY)	5-7-14	Scheduled Delivery Time	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> NOON	Insurance Fee	\$
Time Accepted	910	10:30 AM Delivery Fee		Return Receipt Fee	\$
Weight	1.5 lbs.	Sunday/Holiday Premium Fee		Live Animal Transportation Fee	\$
Rate	02L			Total Postage & Fees	\$ 19.99
DELIVERY (POSTAL SERVICE USE ONLY)		Acceptance Employee Initials	Employee Signature		
Delivery Attempt (MM/DD/YY)		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Attempt (MM/DD/YY)		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

LABEL 11-B, JANUARY 2014


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14031233833

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	5/9/14 DATE PREPARED