

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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FEC MAIL CENTER 12 FEB 15

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

Citizens for Paul Rundqvist

ADDRESS (number and street)

5 Cedar Ave

Check if different than previously reported. (ACC)

Gaithersburg MD 20877

2. FEC IDENTIFICATION NUMBER

C00558866

3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT

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:

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

Election on 06/24/2014 in the State of MD

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

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

Election on MM/DD/YYYY in the State of

5. Covering Period

04/01/2014 through 08/04/2014

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 Paul Rundqvist (designated agent)

Signature of Treasurer [Handwritten Signature]

Date 06/08/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only.

FEC FORM 3 (Revised 02/2003)

14031243828

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Citizens for Paul Rudger

Report Covering the Period:

From:

04 ' 01 ' 2014

To:

06 ' 08 ' 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))....	4055.00	7565.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4055.00	7565.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1786.7	2178.67
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	5225.73	
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	

For further information contact:

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

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

14031243829

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Citizens for Paul Rendano

Report Covering the Period: From:

04 ' 01 ' 2014

To:

06 ' 04 ' 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).....

4,055.00

7,565.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

4,055.00

7,565.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

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

4,055.00

7,565.00

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

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

4,055.00

7,565.00

14031243830

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.....	17867	217867
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	000	000
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	000	000
(b) Of All Other Loans.....	000	000
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	000	000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	000	000
21. OTHER DISBURSEMENTS.....	2193	16060
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	20060	233927

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	137133
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	405500
25. SUBTOTAL (add Line 23 and Line 24).....	542633
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20060
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	522573

14031243831

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		OF
	<input 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)
Citizens for Paul Rundqvist

Full Name (Last, First, Middle Initial)
Edward Rundqvist, Edward

Mailing Address
PO Box 692

City *Greenbelt* State *MD* Zip Code *20768*

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

Name of Employer *Reliable Limosine* Occupation *Driver*

Receipt For: Primary General Other (specify)
Election Cycle-to-Date *2,000.00*

Date of Receipt
04 ' 05 ' 2014

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
Alan Rundqvist, Alan

Mailing Address
15301 Beaverbrook Ct Apt 3E

City *Silver Spring* State *MD* Zip Code *20906*

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

Name of Employer *Retired* Occupation *Retired*

Receipt For: Primary General Other (specify)
Election Cycle-to-Date *500.00*

Date of Receipt
04 ' 05 ' 2014

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
Helen Rundqvist, Helen

Mailing Address
15301 Beaverbrook Ct Apt 3E

City *Silver Spring* State *MD* Zip Code *20906*

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

Name of Employer *Retired* Occupation *Retired*

Receipt For: Primary General Other (specify)
Election Cycle-to-Date *500.00*

Date of Receipt
04 ' 05 ' 2014

Amount of Each Receipt this Period
500.00

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

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

14031243832

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Citizens for Paul Rundquist

A. Full Name (Last, First, Middle Initial)
Barbara Falcigno, Barbara

Mailing Address
18160 Darnell Dr.

City *Olney* State *MD* Zip Code *20832*

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

Name of Employer *—* Occupation *Housewife*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
04'05'2014

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
McCaslin, Christopher

Mailing Address
8314 Potomac Ave

City *College Park* State *MD* Zip Code *20740*

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

Name of Employer *Bechtel* Occupation *Engineer*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date *500.00*

Date of Receipt
04'14'2014

Amount of Each Receipt this Period
500.00
Earmarked Through Aurbine

C. Full Name (Last, First, Middle Initial)
Whitt, Susan E

Mailing Address
1200 First St

City *Alexandria* State *VA* Zip Code *22314*

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date *265.00*

Date of Receipt
04'09'2014

Amount of Each Receipt this Period
5.00
Earmarked through Aurbine

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

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

14031243833

**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	OF
<input 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)
Citizens for Paul Rudquist

Full Name (Last, First, Middle Initial) <i>ActBlue</i>		Date of Receipt <i>03'18'2014</i>
Mailing Address <i>PO Box 382110</i>		Amount of Each Receipt this Period <i>25.00</i> <i>Earmarked through ActBlue conduit, PAC limit not Affected</i>
City <i>Cambridge</i>	State <i>MA</i>	
Zip Code <i>02238-2110</i>		
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>4,015.00</i> <i>Earmarked through ActBlue conduit, PAC limit not Affected</i>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>4,015.00</i>	

Full Name (Last, First, Middle Initial) <i>ActBlue</i>		Date of Receipt <i>04'27'2014</i>
Mailing Address <i>PO Box 382110</i>		Amount of Each Receipt this Period <i>25.00</i> <i>Earmarked through ActBlue conduit, PAC limit not affected</i>
City <i>Cambridge</i>	State <i>MA</i>	
Zip Code <i>02238-2110</i>		
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>4,015.00</i> <i>Earmarked through ActBlue conduit, PAC limit not affected</i>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>4,015.00</i>	

Full Name (Last, First, Middle Initial) <i>ActBlue</i>		Date of Receipt <i>04'20'2014</i>
Mailing Address <i>PO Box</i>		Amount of Each Receipt this Period <i>5000.00</i> <i>Earmarked through ActBlue conduit, PAC limit not affected</i>
City <i>Cambridge</i>	State <i>MA</i>	
Zip Code <i>02238-2110</i>		
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>4,015.00</i> <i>Earmarked through ActBlue conduit, PAC limit not affected</i>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <i>4,015.00</i>	

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

14031243834

**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 OF

<input 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)

Citizens for Paul Rindquist

Full Name (Last, First, Middle Initial)

A. *Act Blue Technical Services*

Mailing Address *PO Box 382990*

City *Cambridge* State *MA* Zip Code *02238-2110*

Purpose of Disbursement

Processing Fee

Candidate Name

Paul Rindquist

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *MD*

District: *02*

Date of Disbursement

04 / 13 / 2014

Amount of Each Disbursement this Period

20

001

Category/
Type

Full Name (Last, First, Middle Initial)

B. *Act Blue Technical Services*

Mailing Address *PO Box 382110*

City *Cambridge* State *MA* Zip Code *02238-2110*

Purpose of Disbursement

Processing Fee

Candidate Name

Paul Rindquist

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *MD*

District: *02*

Date of Disbursement

04 / 20 / 2014

Amount of Each Disbursement this Period

19.75

001

Category/
Type

Full Name (Last, First, Middle Initial)

C. *Act Blue Technical Services*

Mailing Address *PO Box 382110*

City *Cambridge* State *MA* Zip Code *02238-2110*

Purpose of Disbursement

Processing Fee

Candidate Name

Paul Rindquist

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *MD*

District: *02*

Date of Disbursement

04 / 27 / 2014

Amount of Each Disbursement this Period

99

001

Category/
Type

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

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

14031243835

**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 OF

<input 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)

Citizens for Paul Rundquist

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM ' DD ' YYYY
05 ' 18 ' 2014

A. *Act+Blue Technical Services*

Mailing Address *PO Box 382010 MA 02238-2110*

City *Cambridge* State *MA* Zip Code *02238-2110*

Purpose of Disbursement
Processing Fee Cambridge

Candidate Name
Paul Rundquist

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *MA* District: *02*

Amount of Each Disbursement this Period

99

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM ' DD ' YYYY
05 ' 18 ' 2014

B. *Facebook Inc.*

Mailing Address
1601 Willow Road

City *Menlo Park* State *CA* Zip Code *94025-1452*

Purpose of Disbursement
Advertising - Internet

Candidate Name
Paul Rundquist

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *MA* District: *02*

Amount of Each Disbursement this Period

2528

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM ' DD ' YYYY
05 ' 14 ' 2014

C. *Facebook Inc.*

Mailing Address
1601 Willow Road

City *Menlo Park* State *CA* Zip Code *94025-1452*

Purpose of Disbursement
Advertising - Internet

Candidate Name
Paul Rundquist

004
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: *MA* District: *02*

Amount of Each Disbursement this Period

2516

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

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

14031243836

**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 OF

17 18 19a 19b
 20a 20b 20c 21

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)

Citizens for Paul Rundergast

Full Name (Last, First, Middle Initial)

A. *Facebook Inc*

Mailing Address

1601 Willow Road

City

Menlo Park

State

CA

Zip Code

94025-1452

Purpose of Disbursement

Advertising - Internet

Candidate Name

Paul Rundergast

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *MO*

District: *02*

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 24 / 2014

Amount of Each Disbursement this Period

5009

004

Category/
Type

B. *Facebook Inc*

Mailing Address

1602 Willow Road

City

Menlo Park

State

CA

Zip Code

94025-1452

Purpose of Disbursement

Advertising - Internet

Candidate Name

Paul Rundergast

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: *MO*

District: *02*

Full Name (Last, First, Middle Initial)

Date of Disbursement

05 / 31 / 2014

Amount of Each Disbursement this Period

8814

004

Category/
Type

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

14031243837

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
Citizens for Paul Rodriguez

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 MM / DD / YYYY	Date Due MM / DD / YYYY	Interest Rate % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------	----------------------------	--------------------------	--

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

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

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031243638

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Citizens for Paul Ruygro</i>		FEC IDENTIFICATION NUMBER C
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address	Date Incurred or Established _____	_____ / _____ / _____
City State Zip Code	Date Due _____	_____ / _____ / _____

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

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

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

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

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 Signature	DATE _____ / _____ / _____
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE _____ / _____ / _____
Title	

14051243839

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

NAME OF COMMITTEE (In Full)
Citizens for Paul Rindquist

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	▶	
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) ▶		

14031243840

14031243841

RECEIVED

2014 JUN 10 AM 11:22

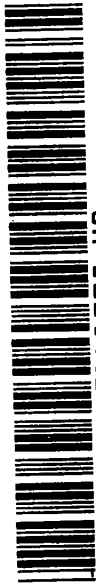
FEC MAIL CENTER



\$16.95

1007

00014170-07



EF 070641995 US



PRIORITY MAIL EXPRESS

CUSTOMER USE ONLY

FROM: (PLEASE PRINT) PHONE ()

Paul Rundquist
5 Cedar Ave
Gaithersburg MD 20879

PAYMENT BY ACCOUNT (if applicable) Federal Agency Acct. No. or Postal Service™ Acct. No.
USPS® Corporate Acct. No.

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT) PHONE ()

Federal Election Commission
999 F St. NW
Washington DC 20463

ZIP + 4 (U.S. ADDRESSES ONLY)

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE

ORIGIN (POSTAL SERVICE USE ONLY)

1-Day 2-Day Military DPO

Scheduled Delivery Date (MM/DD/YYYY) 6/10/14 Postage \$ 16.95

PO ZIP Code 20002 Insurance Fee \$ COD Fee \$

Date Accepted (MM/DD/YYYY) 6/9/14 Scheduled Delivery Time 10:30 AM 12 NOON 3:00 PM Return Receipt Fee \$ Live Animal Transportation Fee \$

Time of Day 8:00 AM AM PM 10:30 AM Delivery Fee \$ Total Postage & Fees \$ 16.95

Weight 2 ozs. Flat Rate Flat Rate Sunday/Holiday Premium Fee \$ Accepted Employment Status ARM

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YYYY) Time AM PM Employee Signature

Delivery Attempt (MM/DD/YYYY) Time AM PM Employee Signature

LABEL 11-F, JANUARY 2014 FSN 7590-02-000-9999 1-ORIGIN POST OFFICE COPY



INTERNATIONALLY, POSTAGE AND INSURANCE DECLARATION MAY BE REQUIRED.

* Money Back Guarantee to U.S., select APO/FPO/DPO, and select International

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
\$100.00 Insurance Included.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 6/9/14
<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

ASD
 PREPARER
 (8/2013)

6/10/14
 DATE PREPARED

14031243842