

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED

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FEC MAIL CENTER
12FE4M5

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

ADDRESS (number and street)
PO BOX 173
 Check if different than previously reported. (ACC)
DONIPHAN W 68832-0173

2. **FEC IDENTIFICATION NUMBER** **C00517011**
 CITY STATE ZIP CODE STATE DISTRICT
NE 68832-0173
 3. IS THIS REPORT NEW OR AMENDED (A)
NE 03

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 M M / D D / Y Y Y Y in the State of
 (c) 30-Day **POST-Election Report** for the:
 General (30G) Runoff (30R) Special (30S)
 Election on M M / D D / Y Y Y Y in the State of

5. Covering Period **07 01 2014** through **09 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 **Paul E Sullivan**
 Signature of Treasurer *Paul E Sullivan* Date **10 13 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.

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

MARK SULLIVAN FOR CONGRESS

Report Covering the Period:

From: 07'01'2014

To: 09'30'2014

	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))....	, 7,835. ³⁵ /	, 44,645. ²² /
(b) Total Contribution Refunds (from Line 20(d)).....	, , . ⁰⁰ /	, , . ⁰⁰ /
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	, 7,835. ³⁵ /	, 44,645. ²² /
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	, 18,181. ⁰⁰ /	, 42,684. ⁰⁸ /
(b) Total Offsets to Operating Expenditures (from Line 14).....	, , . ⁰⁰ /	, , . ⁰⁰ /
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	, 18,181. ⁰⁰ /	, 42,684. ⁰⁸ /
8. Cash on Hand at Close of Reporting Period (from Line 27).....	, 14,713. ⁰⁹ /	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	, , . ⁰⁰ /	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	, 12,500. ⁰⁰ /	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

MARK SULLIVAN FOR CONGRESS

Report Covering the Period: From: ^M0^M7' ^D01' ^Y20^Y14 To: ^M09' ^D30' ^Y20^Y14

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).....

, 2,664.²⁸ / , 14,962.⁶⁴ /

(ii) Unitemized.....

, 5,171.⁰⁷ / , 15,216.⁶⁰ /

(iii) TOTAL of contributions from individuals ▶

, 7,835.³⁵ / , 32,179.²⁴ /

(b) Political Party Committees.....

, , .⁰⁰ / , , .⁰⁰ /

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

, , .⁰⁰ / , , .⁰⁰ /

(d) The Candidate.....

, , .⁰⁰ / , , .⁰⁰ /

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

, 7,835.³⁵ / , 32,179.²⁴ /

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

, , .⁰⁰ / , , .⁰⁰ /

13. LOANS:

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

, 10,000.⁰⁰ / , 12,500.⁰⁰ /

(b) All Other Loans.....

, , .⁰⁰ / , , .⁰⁰ /

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

, 10,000.⁰⁰ / , 12,500.⁰⁰ /

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

, , .⁰⁰ / , , .⁰⁰ /

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

, , .⁰⁰ / , , .⁰⁰ /

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

, 17,835.³⁵ / , 44,679.²⁴ /

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.....	, 18,181. ⁰⁰ / ₀₀	, 42,684.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	, , 00/ ₀₀	, , 00/ ₀₀
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , 00/ ₀₀	, , 00/ ₀₀
(b) Of All Other Loans	, , 00/ ₀₀	, 1,000.00/ ₀₀
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, , 00/ ₀₀	, 1,000.00/ ₀₀
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	, , 00/ ₀₀	, , 00/ ₀₀
(b) Political Party Committees.....	, , 00/ ₀₀	, , 00/ ₀₀
(c) Other Political Committees (such as PACs)	, , 00/ ₀₀	, , 00/ ₀₀
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, , 00/ ₀₀	, , 00/ ₀₀
21. OTHER DISBURSEMENTS	, , 00/ ₀₀	, , 00/ ₀₀
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	, 18,181. ⁰⁰ / ₀₀	, 43,684.08/ ₀₈

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, 17,058.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 17,835.35
25. SUBTOTAL (add Line 23 and Line 24).....	, 34,894.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 18,181.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 16,713.09

**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 1 OF 3
	<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	

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)
MARK SULLIVAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lukow, Sharon		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2014
Mailing Address 116760 West 70th		Amount of Each Receipt this Period 250.00
City Kencsaw	State Zip Code NE 68956	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation farm	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. Nelson Dennis		Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1600 E Lowry Rd		Amount of Each Receipt this Period 400.00
City Doniphan	State Zip Code NE 68832	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Hagie Sprayers	Occupation service tech	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. O'HARA MICHAEL		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 2212 S 64 Plz #216		Amount of Each Receipt this Period 250.00
City Omaha	State Zip Code NE 68106	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

**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 2 OF 3

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

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NAME OF COMMITTEE (In Full)

MARK SULLIVAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Zutavern, Conrad

Mailing Address

Po Box 31

City

Dunning

State

NE

Zip Code

68833

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

ranching

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

, 581.10

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2014

Amount of Each Receipt this Period

, 96.05

Full Name (Last, First, Middle Initial)

B. Wegner, Terry

Mailing Address

1405 W Koenig St Apt 501

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing federal political committee.

C

Name of Employer

State of Nebr

Occupation

office director

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

, 534.20

Date of Receipt

M M / D D / Y Y Y Y
09 / 23 / 2014

Amount of Each Receipt this Period

, 150.00

Full Name (Last, First, Middle Initial)

C. Stalcken, Jim

Mailing Address

11125 S Shady Bend Rd

City

Doniphan

State

NE

Zip Code

68832

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

farm

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

, 300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2014

Amount of Each Receipt this Period

, 300.00

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

, 546.05

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

125091 1-10-14

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 3 OF 3
	<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)
MARK SULLIVAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Schoen Peg			Date of Receipt M M ' D D ' Y Y Y Y 09 ' 11 ' 2014
Mailing Address 5910 S 72nd St			Amount of Each Receipt this Period , 1,000.⁰⁰
City Lincoln	State NE	Zip Code 68516	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , 1,000.⁰⁰
Name of Employer KLKT-TV	Occupation Sales manager		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 1,000.⁰⁰		

Full Name (Last, First, Middle Initial) B. VOHLAND, JUDITH			Date of Receipt M M ' D D ' Y Y Y Y 09 ' 23 ' 2014
Mailing Address 1405 W KOENIG ST # 305			Amount of Each Receipt this Period , 218.23
City GRAND ISLAND	State NE	Zip Code 68801	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , 314.28
Name of Employer NE Dept of Ed - VR	Occupation program director		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , 314.28		

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period , , .
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , .		

SUBTOTAL of Receipts This Page (optional).....	, 1,218.23
TOTAL This Period (last page this line number only).....	, 2,664.28

11010110100001

**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)
MARK SULLIVAN FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MULLIGAN KATY		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 1119 E 3rd St		Amount of Each Disbursement this Period 585.89
City Hastings	State NE	
Purpose of Disbursement IT CONSULTING		Category/ Type 001
Candidate Name MARK SULLIVAN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NE	District: 03	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
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:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		Category/ Type
Candidate Name		
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)	585.89
TOTAL This Period (last page this line number only)	

**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 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
MARK SULLIVAN FOR CONGRESS

A. Copy Cat Printing Date of Disbursement 08 05 2014
Mailing Address

City Grand Island State NE Zip Code
Purpose of Disbursement Campaign materials Amount of Each Disbursement this Period 1,264.00
Candidate Name Mark Sullivan Category/Type 004
Office Sought: House Disbursement For: Primary General
 Senate Other (specify)
 President
State: NE District: 03

B. Date of Disbursement
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name Category/Type
Office Sought: House Disbursement For: Primary General
 Senate Other (specify)
 President
State: District:

C. Date of Disbursement
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name Category/Type
Office Sought: House Disbursement For: Primary General
 Senate Other (specify)
 President
State: District:

SUBTOTAL of Disbursements This Page (optional) 1,264.00
TOTAL This Period (last page this line number only)

1101011011

**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)

MARK SULLIVAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KRVN Radio

Date of Disbursement

09' 17' 2014

Mailing Address

PO Box 18800 St

City State Zip Code

Lexington NE 68850-0880

Amount of Each Disbursement this Period

6,755.25

Purpose of Disbursement

radio advertising

004

Candidate Name

Mark Sullivan

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: NE District: 03

Full Name (Last, First, Middle Initial)

B. KUTT FM Radio

Date of Disbursement

09' 17' 2014

Mailing Address

414 4th Street

City State Zip Code

Fairbury NE 68352

Amount of Each Disbursement this Period

1,092.50

Purpose of Disbursement

radio advertising

004

Candidate Name

Mark Sullivan

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: NE District: 03

Full Name (Last, First, Middle Initial)

C. NRG Radio

Date of Disbursement

09' 17' 2014

Mailing Address

3532 W Capital Ave; PO Box 5108

City State Zip Code

Grand Island NE 68803

Amount of Each Disbursement this Period

1,710.00

Purpose of Disbursement

radio advertising

004

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: NE District: 03

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

9,557.75

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

SCHEDULE C (FEC Form 3)

LOANS

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

NAME OF COMMITTEE (In Full)
MARK SULLIVAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
Mailing Address	<input type="checkbox"/> Primary
City State ZIP Code	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, .	, .	, .

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	. % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , .

SUBTOTALS This Period This Page (optional)..... ▶	, .
TOTALS This Period (last page in this line only)..... ▶	, .
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

1-800-419-1094

**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) MARK SULLIVAN FOR CONGRESS	FEC IDENTIFICATION NUMBER C00517011
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan , .	Interest Rate (APR) %
Mailing Address	Date Incurred or Established _____ <small>M M / D D / Y Y Y Y</small>	<small>M M / D D / Y Y Y Y</small>
City State Zip Code	Date Due _____ <small>M M / D D / Y Y Y Y</small>	<small>M M / D D / Y Y Y Y</small>

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

B. If line of credit, Total Outstanding Balance: _____
 Amount of this Draw: _____ 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? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____
--	----------------

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

Location of account: _____ Address: _____ City, State, Zip: _____	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: _____
M M / D D / Y Y Y Y

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 <small>M M / D D / Y Y Y Y</small>
--	--

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 <small>M M / D D / Y Y Y Y</small>
Title	

NUNON | HIND | NUNON

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)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)
MARK SULLIVAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mark Sullivan	Nature of Debt (Purpose): Candidate Loan
Mailing Address 905 HWY 2	
City State Zip Code DONIPHAN NE 68832	

Outstanding Balance Beginning This Period , 2,500.00	Amount Incurred This Period , 10,000.00	Payment This Period , .00	Outstanding Balance at Close of This Period , 12,500.00
--	---	-------------------------------------	---

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)	, 12,500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	, .00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	, 12,500.00

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) MARK SULLIVAN FOR CONGRESS		Report Covering Period: From: 07 01 2014 To: 09 30 2014				
Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A		7835.35	00/			
B	Column Total Last Page Only.....	32,179.24	00/			
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	00/	00/	7835.35	00/	10,000.00	00/
B	00/	00/	32,179.24	00/	12,500.00	00/
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	10,000.00	00/	00/	17,835.35	18,181.00	00/
B	12,500.00	00/	00/	44,679.24	42,684.08	00/
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	00/	00/	00/	00/	00/	00/
B	00/	1,000.00	1,000.00	00/	00/	00/
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	00/	00/	18,181.00	17,058.74	16,713.09	00/
B	00/	00/	43,684.08			
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	12,500.00	7,835.35	18,181.00			
B	12,500.00	46,645.22	42,684.08			

FROM: HINO: 10/14

MATTHEW WINKELMANN
(308) 382-9560 139
EAKES OFFICE PLUS
617 W 3RD ST
GRAND ISLAND NE 68601-5946

0.6 LBS L-TR

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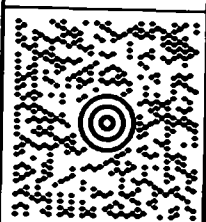
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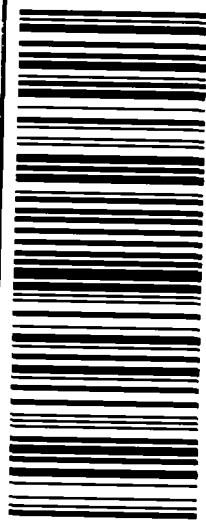
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