

FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

2014 JAN 23 PM 12:58 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 COBLENTZ FOR CONGRESS

ADDRESS (number and street) 672 ROLLING CREEK LEXINGTON KY 40515-6055

2. FEC IDENTIFICATION NUMBER 00547273 3. IS THIS REPORT NEW OR AMENDED KY 06

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)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

X Termination Report (TER)

5. Covering Period 01' 01' 2014 through 01' 21' 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 Susanna Ward Signature of Treasurer Date 01' 21' 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 grid and FEC FORM 3 (Revised 02/2003)

14031160946

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Coblentz For Congress

Report Covering the Period: From:

01 ' 01 ' 2014

To:

01 ' 01 ' 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)) ....

0.

8,206.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0.

0.

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

0.

8,206.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

1,874.55

8,206.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

1,874.55

8,206.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

0.

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

For further information contact:

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

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

14031160947

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Coblentz For Congress

Report Covering the Period: From: 01 ' 01 ' 2014

To: 01 ' 21 ' 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).....

0.

7,600.00

(ii) Unitemized.....

0.

0.

(iii) TOTAL of contributions from individuals ▶

0.

7,600.00

(b) Political Party Committees.....

0.

0.

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

0.

0.

(d) The Candidate.....

0.

606.00

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

0.

8,206.00

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)..... ▶

0.

0.

14031160948

**DETAILED SUMMARY PAGE**  
of Disbursements

14031160949

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,000.00	6,531.95
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.....	1,674.55	1,674.55
(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)).....	1,674.55	1,674.55
21. OTHER DISBURSEMENTS.....	0.	0.
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,674.55	8,206.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,874.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.
25. SUBTOTAL (add Line 23 and Line 24).....	1,874.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,874.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.

**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)  
 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)  
**Coblentz For Congress**

**A. Elisabeth Jensen For Congress**

Full Name (Last, First, Middle Initial) **Elisabeth Jensen For Congress**

Date of Disbursement **01 ' 20 ' 2014**

Mailing Address **P.O. Box 1053**

City **Lexington** State **KY** Zip Code **40588**

Purpose of Disbursement **Campaign Contribution** Amount of Each Disbursement this Period **200.00**

Candidate Name **Michael Coblentz** Category/Type **011**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: **KY** District: **06**

**B. Susanna Ward**

Full Name (Last, First, Middle Initial) **Susanna Ward**

Date of Disbursement **01 ' 20 ' 2014**

Mailing Address **672 Rolling Creek Lane**

City **Lexington** State **KY** Zip Code **40515**

Purpose of Disbursement **Refund** Amount of Each Disbursement this Period **500.00**

Candidate Name **Michael Coblentz** Category/Type **010**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: **KY** District: **06**

**C. Geni Day**

Full Name (Last, First, Middle Initial) **Geni Day**

Date of Disbursement **01 ' 20 ' 2014**

Mailing Address **4030 Tates Creek Rd Apt #1131**

City **Lexington** State **KY** Zip Code **40515**

Purpose of Disbursement **Refund** Amount of Each Disbursement this Period **300.00**

Candidate Name **Michael Coblentz** Category/Type **010**

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)

State: **KY** District: **06**

**SUBTOTAL** of Disbursements This Page (optional) **1,000.00**

**TOTAL** This Period (last page this line number only) **1,000.00**

14031160950

**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 2 OF 2

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)

Coblentz For Congress

Full Name (Last, First, Middle Initial)

A. Coblentz, Madeline

Mailing Address

2890 Jarrard

City

Houston

State

TX

Zip Code

77005

Purpose of Disbursement

Refund

Candidate Name

Michael Coblentz

Office Sought:

House

Senate

President

State:

KY

District:

06

Disbursement For:

Primary

General

Other (specify)

Date of Disbursement

01 / 20 / 2014

Amount of Each Disbursement this Period

874.55

010

Category/  
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

Category/  
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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).....

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

874.55

1,874.55

14031160951

14031160952

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

U.S. POSTAGE  
PAID  
LEXINGTON, KY  
JAN 23 14  
AMOUNT

\$19.95  
00010094-17



**PRIORITY  
★ MAIL  
EXPRESS™**

OUR FASTEST SERVICE IN THE U.S.



EK035834654US

**INTERNATIONAL USE**

**PRIORITY  
★ MAIL  
EXPRESS™**



Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		1-Day <input type="checkbox"/> 2-Day <input type="checkbox"/> Military <input type="checkbox"/> DFO <input type="checkbox"/>	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	COD Fee
40517	1/22/14	\$ 19.95	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	Return Receipt Fee
1/21/14	12:00 PM	\$	\$
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Total Postage & Fee	Acceptance Employee Initials
10:24 AM	<input type="checkbox"/> Live Shipment	\$ 19.95	
Weight	<input type="checkbox"/> Flat Rate <input type="checkbox"/> ozs.	Employee Signature	
	<input type="checkbox"/> Sunday/Holiday Premium		
<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>			
Delivery Attempt (MM/DD/YY) Time	Employee Signature		
Delivery Attempt (MM/DD/YY) Time	Employee Signature		

LABEL 11-B, JULY 2013 PSN 7690-02-000-9886 3-ADDRESSEE COPY

**CUSTOMER USE ONLY**

FROM: (PLEASE PRINT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

TO: (PLEASE PRINT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ZIP + 4® (U.S. ADDRESSES ONLY) \_\_\_\_\_

**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)  
 Return to USPS.com® or local Post Office™ for availability.

**PAYMENT BY ACCOUNT (if applicable)**

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE

RECEIVED  
2014 JAN 23 AM 11:37

**VISIT US AT USPS.COM®**  
ORDER FREE SUPPLIES ONLINE



**UNITED STATES  
POSTAL SERVICE.**

WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



EPT13F July 2013 OD: 12.5 x 9.5



PS10001000006

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked  
1/21/14

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*QAE*  
 PREPARER

1/23/14  
 DATE PREPARED

14031160953