

JULIE N. WELLS
338 HOLIDAY WAY
CADIZ, KY 42211
(270) 924-1596 (telephone and fax)

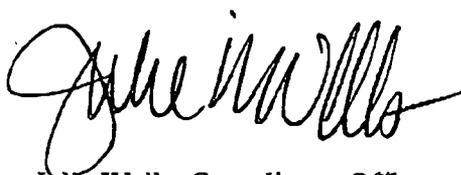
FAX COVER SHEET

TO: FEC re: Form 9
(202) 219-0174
FROM: Julie Wells
RE: FEC Form 9
DATE: October 13, 2016
NO. OF PAGES: 5, including cover

Dear Sir/Madam:

Attached please find an FEC Form 9 filed on behalf of Common Sense Values IE Committee, pertaining to a communication made regarding candidate Donald Trump on October 12, 2016.

Please let me know if you have any questions or concerns. If you could let me know you've received this fax, I would appreciate it. Thank you.



Julie Wells, Compliance Officer
Common Sense Values IE Committee
338 Holiday Way
Cadiz, KY 42211
(270) 924-1596

20161014 09:00:00

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Common Sense Values IE Committee

(b) Address (number and street) check if different than previously reported

PO Box 372128

(c) City, State and ZIP Code

Denver, CO 80237

(d) Name of Employer or Principal Place of Business

NA

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement New or Amended

4. Covering Period

10 / 12 / 2016 through 10 / 17 / 2016

5. (a) Date of Public Distribution(s) 10 / 12 / 2016

(b) Communication Title Tired of Trump

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: Non profit corporation

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Julie Wells

(b) Address (number and street)

338 Holiday Way

(c) City, State and ZIP Code

Cadiz, KY 42211

(d) Name of Employer or Principal Place of Business

Self

(e) Occupation

Campaign Compliance

9. Total Donations This Statement

4836.00

10. Total Disbursements/Obligations This Statement

4836.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Julie Wells

SIGNATURE

DATE

10-13-16

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

20161014 00104679

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A.	(a) Name Ashley Stevens	(e) Occupation Consultant
	(b) Address (number and street) 1567 S. University Blvd.	
	(c) City, State and ZIP Code Denver, CO 80210	
	(d) Name of Employer or Principal Place of Business Self	
B.	(a) Name Julie Wells	(e) Occupation Campaign Compliance
	(b) Address (number and street) 338 Holiday Way	
	(c) City, State and ZIP Code Cadiz, KY 42211	
	(d) Name of Employer or Principal Place of Business Self	
C.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
D.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	
E.	(a) Name	(e) Occupation
	(b) Address (number and street)	
	(c) City, State and ZIP Code	
	(d) Name of Employer or Principal Place of Business	

20161014 09:00:00

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor Common Sense Values</p> <p>Mailing Address of Donor PO Box 372128</p> <p>City State Zip Denver, CO 80237</p>	<p>Date of Receipt 10 / 06 / 2016</p> <p>Amount 4836.00</p>
<p>B. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>C. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>D. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>E. Full Name of Donor</p> <p>Mailing Address of Donor</p> <p>City State Zip</p>	<p>Date of Receipt</p> <p>Amount</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ 4836.00</p> <p>TOTAL This Period (last page this line number only) ▶ 4836.00 (carry total from last page to Line 9)</p>	

NOV 10 11 41 AM 2016

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee Mundy Katowitz Media		Date of Disbursement or Obligation 10 / 06 / 2016	
Mailing Address of Payee 1322 G Street SE		Amount 4836.00	
City Washington, DC	State DC	Zip Code 20003	Communication Date 10 / 12 / 2016
Name of Employer NA		Occupation NA	
Purpose of Disbursement (Including title(s) of communication(s)) "Tired of Trump" radio ad in Colorado House District 17			
Name of Federal Candidate Donald Trump	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____ 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee 		Date of Disbursement or Obligation 	
Mailing Address of Payee 		Amount 	
City 	State 	Zip Code 	Communication Date
Name of Employer 		Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) 			
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		4836.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		4836.00	

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Via FAX

NOTIFICATION BY FAX

