

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 28, 2016

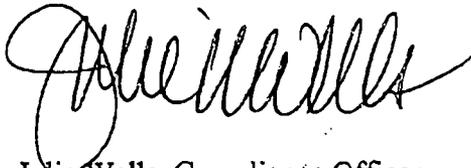
NO. OF PAGES: 5, including cover

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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 27, 2016.

Please let me know if you have any questions or concerns. Thank you.



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

# 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

NA

### 2. FEC Identification Number

C

3. Is This Statement  New or  Amended

### 4. Covering Period

10 / 27 / 2016

through

11 / 08 / 2016

5. (a) Date of Public Distribution(s)

10 / 27 / 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

7995.71

### 10. Total Disbursements/Obligations This Statement

7995.71

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

10-28-16

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

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

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

<b>A.</b> (a) Name Ashley Stevens	
(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	(e) Occupation Consultant
<b>B.</b> (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
<b>C.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>D.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<b>E.</b> (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

**SCHEDULE 9-A**  
**Donation(s) Received**

<b>A.</b> Full Name of Donor <b>Common Sense Values</b> Mailing Address of Donor <b>PO Box 372128</b> City State Zip <b>Denver, CO 80237</b>	Date of Receipt 10 / 21 / 2016 Amount <b>7995.71</b>
<b>B.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>C.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>D.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>E.</b> Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt / / Amount
<b>SUBTOTAL</b> of Donations This Page (optional) .....	<b>7995.71</b>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to Line 9)	<b>7995.71</b>

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

PAGE 1 OF 1

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> Mundy Katowitz Media		Date of Disbursement or Obligation 10 / 21 / 2016
Mailing Address of Payee 1322 G Street SE		Amount 7995.71
City State Zip Code Washington, DC 20003	Communication Date 10 / 27 / 2016	
Name of Employer Occupation NA NA	Purpose of Disbursement (Including title(s) of communication(s)) "Tired of Trump" radio ad in Colorado House District 17	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Donald Trump	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>B. Full Name (Last, First, Middle Initial) of Payee</b>		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) ▶ _____
<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶		7995.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)		7995.71

[Logout](#)

## Filings Search Results

### Search Criteria:

Show Filings pending processing

The filing with web tracking id - 900192 was assigned committee id of C30002588 was successfully processed. The FEC Confirmation ID is FEC-1121204.

### Filings 1-8 of 8 Matching

Web Tracking ID	Form	Type	Filer Name	Status	Submission Date	Processed By	Entity Id	Confirmation ID	Processed Date/Time
<a href="#"><u>900162</u></a>	F5	24	OneAmerica	P	10/22/2016				
<a href="#"><u>900185</u></a>	F5	24	American Majority Action	P	10/28/2016				
<a href="#"><u>900186</u></a>	F9		45Committee Inc.	P	10/28/2016				
<a href="#"><u>900187</u></a>	F5	24	Alzheimers Impact Movement	P	10/29/2016				
<a href="#"><u>900188</u></a>	F5	24	Alzheimers Impact Movement	P	10/30/2016				
<a href="#"><u>900189</u></a>	F9		Mountaineers Are Always Free PAC	P	10/30/2016				
<a href="#"><u>900190</u></a>	F9		Mountaineers Are Always Free PAC	P	10/30/2016				
<a href="#"><u>900191</u></a>	F9		MAINSTREAM VOTERS OF WAPetterson Jay	P	10/30/2016				

[New Search](#)

# FW: WEBFORM Administrator Notification/ Filing Submission Without Entity ID

FECEInfo <FECEInfo@salientcrgt.com>

Mon 10/31/2016 8:51 AM

To:WFAdmin <WFAdmin@fec.gov>;

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From: noreply-efiling@fec.gov  
Sent: Monday, October 31, 2016 8:50:52 AM (UTC-05:00) Eastern Time (US & Canada)  
To: noreply-efiling@fec.gov  
Subject: WEBFORM Administrator Notification/ Filing Submission Without Entity ID

Webforms--FEC Financial Disclosure Filing Acknowledgement

This is to acknowledge the receipt and acceptance of an electronic filing via Webforms.

The filing was received and accepted from filer Common Sense Values IE Committee (C00000000) at 10/31/2016 - 08:50:52 and was assigned the following ID: 900192

E-mail Address: "radrpb@fec.gov"

The output of the validation check was as follows:

FEC File Validator      Version 8.1.0.3

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC  
Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

=== Identification Section =====

Committee ID: C00000000  
Committee Name: Common Sense Values IE Committee  
Filing Type: F9N  
From/Through: 20161027 - 20161108

Software/Ver#: NIC WebForms / Ver# 10.0.1

=== Results Section =====

>>>----> FEC data file PASSED validation! <----<<<

=== Summary Page Totals Section =====

Cover/Summary Page Totals for Form: F9

Line No.	Column A	Column B
Donations:	7,995.71	
Disb/Oblig	7,995.71	

\*\*\*\*\*

**Via FAX**

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 type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	
N/A PREPARER	10/31/16
	N/A DATE PREPARED