

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Common Values PAC

ADDRESS (number and street) 901 N Washington St, Suite 700

Check if different than previously reported. (ACC) Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00442368 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 01 2014 through 06 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 Timothy A. Koch

Signature of Treasurer Timothy A. Koch [Electronically Filed] Date 07 18 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
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Common Values PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		158278.22
(b) Cash on Hand at Beginning of Reporting Period.....	235925.34	
(c) Total Receipts (from Line 19)	55000.00	231674.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	290925.34	389952.75
7. Total Disbursements (from Line 31).....	61129.04	160156.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	229796.30	229796.30
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	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Write or Type Committee Name
Common Values PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4000.00	19300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4000.00	19300.00
(b) Political Party Committees	0.00	1874.53
(c) Other Political Committees (such as PACs).....	51000.00	210500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	55000.00	231674.53
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	55000.00	231674.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	55000.00	231674.53

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6129.04	35156.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6129.04	35156.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	125000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61129.04	160156.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61129.04	160156.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	55000.00	231674.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55000.00	231674.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6129.04	35156.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6129.04	35156.45

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
Common Values PAC

A. Raissa H. Downs
Full Name (Last, First, Middle Initial)
Mailing Address 1016 South Carolina Ave SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Tarplin Downs & Young LLC Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 17 / 2014**
Transaction ID : SA11AI.6575
Amount of Each Receipt this Period **2500.00**
Contribution

B. Conrad A. Lass
Full Name (Last, First, Middle Initial)
Mailing Address 1301 Chancel PI
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer Ogilvy Government Relations Occupation Government Relations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.6606
Amount of Each Receipt this Period **1000.00**
Contribution

C. Jennifer B. Young
Full Name (Last, First, Middle Initial)
Mailing Address 4042 Seminary Rd
City Alexandria State VA Zip Code 22304
FEC ID number of contributing federal political committee. **C**
Name of Employer Tarplin Downs & Young LLC Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 11 / 2014**
Transaction ID : SA11AI.6560
Amount of Each Receipt this Period **500.00**
Contribution

SUBTOTAL of Receipts This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

A. ABBVIE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1 N. WAUKEGAN ROAD

City NORTH CHICAGO State IL Zip Code 60064

FEC ID number of contributing federal political committee. **C** C00536573

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11C.6594

Amount of Each Receipt this Period
1000.00

Contribution

B. ADVANCED MEDICAL TECHNOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 701 PENNSYLVANIA AVE. NW
SUITE 800

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00340356

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11C.6592

Amount of Each Receipt this Period
2000.00

Contribution

C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1310 G STREET NW
12TH FLR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11C.6585

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....	8000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

A. DOCTOR VOICE 4 PATIENT CHOICE POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1123 STATE ROUTE 3 NORTH PMB 267
 City State Zip Code
 GAMBRILLS MD 21054
 FEC ID number of contributing federal political committee. **C** C00527796
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014
Transaction ID : SA11C.6595
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. GOOGLE INC. NETPAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 NEW YORK AVENUE, NW
 SECOND FLOOR
 City State Zip Code
 WASHINGTON DC 20005
 FEC ID number of contributing federal political committee. **C** C00428623
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : SA11C.6597
 Amount of Each Receipt this Period
 5000.00
 Contribution

C. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 1919 M STREET, NW
 5TH FLOOR
 City State Zip Code
 WASHINGTON DC 20036
 FEC ID number of contributing federal political committee. **C** C00004812
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2014
Transaction ID : SA11C.6591
 Amount of Each Receipt this Period
 2500.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial) A. NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 4300 WILSON BLVD SUITE 400		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11C.6586
ARLINGTON	VA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="5000.00"/>
C C00113241	22203	Contribution
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE		Date of Receipt
Mailing Address 430 NORTH MICHIGAN AVENUE		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11C.6593
CHICAGO	IL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="2000.00"/>
C C00030718	60611	Contribution
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)		Date of Receipt
Mailing Address 25 MASSACHUSETTS AVENUE, NW #100		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11C.6584
WASHINGTON	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="5000.00"/>
C C00010082	20001	Contribution
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="12000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 10 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)
A. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, NW
SUITE 540

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 26 / 2014
Transaction ID : SA11C.6589

Amount of Each Receipt this Period 5000.00

Contribution

Full Name (Last, First, Middle Initial)
B. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 23 / 2014
Transaction ID : SA11C.6577

Amount of Each Receipt this Period 5000.00

Contribution

Full Name (Last, First, Middle Initial)
C. SEMPR ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 101 ASH STREET, HQ08C

City SAN DIEGO State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 26 / 2014
Transaction ID : SA11C.6582

Amount of Each Receipt this Period 5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 15000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial) A. UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)		Date of Receipt
Mailing Address 400 ATLANTIC STREET C/O PER DYRVIK		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
STAMFORD	CT	06901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00012245"/>	Transaction ID : SA11C.6588
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. WELLPOINT, INC. WELLPAC		Date of Receipt
Mailing Address 120 MONUMENT CIRCLE		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
INDIANAPOLIS	IN	46204
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00197228"/>	Transaction ID : SA11C.6590
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Contribution
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

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

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="51000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Amy Ford Bradley

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.6599

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Amy Ford Bradley

Mailing Address 406 Virginia Ave

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
Reimbursement: See Below

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : SB21B.6600

Amount of Each Disbursement this Period

1745.85

Full Name (Last, First, Middle Initial)

C. Odyssey Services Inc.

Mailing Address 615 Hope Rd

City Eatontown State NJ Zip Code 07724

Purpose of Disbursement
PAC Fax Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.6600.0

Amount of Each Disbursement this Period

108.32

[MEMO ITEM]

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

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

4745.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. Charlie Palmer Steak

Mailing Address 101 Constitution Ave NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2014

Transaction ID : SB21B.6600.1

Amount of Each Disbursement this Period

1109.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Bistro Cacao

Mailing Address 320 Massachusetts Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Event Expense: Food & Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB21B.6600.2

Amount of Each Disbursement this Period

528.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Foley & Lardner LLP

Mailing Address 3000 K St NW Ste 600

City Washington State DC Zip Code 20007

Purpose of Disbursement
PAC Legal/Admin Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2014

Transaction ID : SB21B.6576

Amount of Each Disbursement this Period

217.89

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

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

217.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. GMD Technologies

Mailing Address 3210 S 28th St, Suite 302

City Alexandria State VA Zip Code 22302

Purpose of Disbursement
PAC Web Hosting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 11 / 2014

Transaction ID : **SB21B.6559**

Amount of Each Disbursement this Period: 100.00

Category/Type

Full Name (Last, First, Middle Initial)

B. Koch & Hoos LLC

Mailing Address 901 N Washington St Ste 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
PAC Accounting/Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 20 / 2014

Transaction ID : **SB21B.6578**

Amount of Each Disbursement this Period: 1006.35

Category/Type

Full Name (Last, First, Middle Initial)

C. Wells Fargo

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement
PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 11 / 2014

Transaction ID : **SB21B.6574**

Amount of Each Disbursement this Period: 41.00

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	1147.35
TOTAL This Period (last page this line number only).....▶	6111.09

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement
Contribution

Candidate Name

SHELLEY MOORE CAPITO

Office Sought: House
 Senate
 President
State: WV District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : **SB23.6562**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Contribution

Candidate Name

THAD COCHRAN

Office Sought: House
 Senate
 President
State: MS District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : **SB23.6556**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. COTTON FOR SENATE

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
Contribution

Candidate Name

THOMAS COTTON

Office Sought: House
 Senate
 President
State: AR District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : **SB23.6571**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	5	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. DR MONICA WEHBY FOR US SENATE

Mailing Address PO BOX 3375

City PORTLAND State OR Zip Code 97208

Purpose of Disbursement
Contribution

Candidate Name

MONICA WEHBY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : SB23.6579

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. ED GILLESPIE FOR SENATE

Mailing Address PO BOX 71596

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement
Contribution

Candidate Name

EDWARD W GILLESPIE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : SB23.6564

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City BETHANY State OK Zip Code 73008

Purpose of Disbursement
VOID: Uncashed Check From 2/24/2014

Candidate Name

JAMES PAUL LANKFORD

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : SB23.6605

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. FAMILIES FOR JAMES LANKFORD

Mailing Address PO BOX 1639

City State Zip Code
BETHANY OK 73008

Purpose of Disbursement
Contribution

Candidate Name

JAMES PAUL LANKFORD

Office Sought: House
 Senate
 President
State: OK District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2014

Transaction ID : SB23.6580

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JONI ERNST FOR US SENATE INC.

Mailing Address PO BOX 93441

City State Zip Code
DES MOINES IA 50393

Purpose of Disbursement
Primary Debt Retirement

Candidate Name

JONI K ERNST

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB23.6567

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. JONI ERNST FOR US SENATE INC.

Mailing Address PO BOX 93441

City State Zip Code
DES MOINES IA 50393

Purpose of Disbursement
Contribution

Candidate Name

JONI K ERNST

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB23.6570

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. MCFADDEN FOR SENATE

Mailing Address PO BOX 4039

City SAINT PAUL State MN Zip Code 55104

Purpose of Disbursement
Contribution

Candidate Name
MICHAEL MCFADDEN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : **SB23.6566**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE FOR SCOTT BROWN EXPLORATORY COMMITTEE

Mailing Address PO BOX 600

City RYE State NH Zip Code 03870

Purpose of Disbursement
Contribution

Candidate Name
SCOTT BROWN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : **SB23.6563**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. STEVE DAINES FOR MONTANA

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement
Contribution

Candidate Name
STEVEN DAINES

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

Transaction ID : **SB23.6581**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0	0	0	0	0
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5	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Common Values PAC

Full Name (Last, First, Middle Initial)

A. THOM TILLIS COMMITTEE

Mailing Address PO BOX 2489

City State Zip Code
CORNELIUS NC 28031

Purpose of Disbursement
Contribution

Candidate Name

THOM R TILLIS

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 12 / 2014

Transaction ID : SB23.6565

Amount of Each Disbursement this Period

5000.00

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 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 Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

5000.00

55000.00