

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

TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

ADDRESS (number and street) PO BOX 2485

Check if different than previously reported. (ACC) SPRINGFIELD VA 22152

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

C C00498360

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - Jul 20 (M7)
 - May 20 (M5)
 - Jun 20 (M6)
 - Oct 20 (M10)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 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 []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2014 through [MM] / [DD] / [YYYY] 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 Robert F Carlin

Signature of Treasurer Robert F Carlin [Electronically Filed] Date 07 / 17 / 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 | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

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"/> | <input type="text" value="5183.13"/> | <input type="text" value="5183.13"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="2750.29"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="35000.00"/> | <input type="text" value="50000.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="37750.29"/> | <input type="text" value="55183.13"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="4500.00"/> | <input type="text" value="21932.84"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="33250.29"/> | <input type="text" value="33250.29"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

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)..... | 35000.00 | 40000.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 35000.00 | 40000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 10000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 35000.00 | 50000.00 |
| 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))..... ▶ | 35000.00 | 50000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 35000.00 | 50000.00 |

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 | 0.00 | 932.84 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 932.84 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 4500.00 | 21000.00 |
| 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)) .. | 4500.00 | 21932.84 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4500.00 | 21932.84 |

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) | 35000.00 | 50000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 35000.00 | 50000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 932.84 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 932.84 |

**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 9 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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)
TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Linda Demmer | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014 Transaction ID : SA11AI.4439 |
| Mailing Address 6151 W. Longview Drive East | | Amount of Each Receipt this Period 5000.00 |
| City Lansing | State MI | Zip Code 48823 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Artist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. William A. Demmer | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014 Transaction ID : SA11AI.4458 |
| Mailing Address 6151 W. Longview Drive East | | Amount of Each Receipt this Period 5000.00 |
| City Lansing | State MI | Zip Code 48823 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Demmer Corporation | Occupation Executive | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lindsay S. Moroun | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014 Transaction ID : SA11AI.4444 |
| Mailing Address 160 Provencal Road | | Amount of Each Receipt this Period 5000.00 |
| City Grosse Pointe Farms | State MI | Zip Code 48236 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Homemaker | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 5000.00 | |

| | |
|--|----------|
| 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 7 OF 9 |
| | <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 | |

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NAME OF COMMITTEE (In Full)
TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

| | | | |
|---|-------------|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. M.J. Moroun | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4446 |
| Mailing Address 956 Lakeshore Drive | | | Amount of Each Receipt this Period 5000.00 |
| City Grosse Pointe Farms | State MI | Zip Code 48236 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 5000.00 | |
| Name of Employer CenTra, Inc. | | Occupation CEO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Matthew T. Moroun | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4442 |
| Mailing Address 160 Provencal Road | | | Amount of Each Receipt this Period 5000.00 |
| City Grosse Pointe Farms | State MI | Zip Code 48236 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 5000.00 | |
| Name of Employer CenTra, Inc. | | Occupation Vice Chairman | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|-------------|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Nora Moroun | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.4448 |
| Mailing Address 956 Lakeshore Drive | | | Amount of Each Receipt this Period 5000.00 |
| City Grosse Pointe Farms | State MI | Zip Code 48236 | |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date ▼ 5000.00 | |
| Name of Employer Homemaker | | Occupation Homemaker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|----------|
| 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: PAGE 8 OF 9
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

A. John E Pearson
Full Name (Last, First, Middle Initial)

Mailing Address 1940 Brookview Drive

City Saline State MI Zip Code 48176

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

Name of Employer Ervin Industries Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.4438

Amount of Each Receipt this Period
5000.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 35000.00 |

**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)
TRUTH IS MARKETS WORK FUND A/K/A TIM W FUND

Full Name (Last, First, Middle Initial)

A. CORY GARDNER FOR SENATE

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement
Committee Contribution

011

Candidate Name

CORY GARDNER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SB23.4453

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HOUSE MAJORITY TRUST

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SB23.4456

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKE BISHOP FOR CONGRESS

Mailing Address PO BOX 1148

City BRIGHTON State MI Zip Code 48116

Purpose of Disbursement
Committee Contribution

011

Candidate Name

MICHAEL D BISHOP

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2014

Transaction ID : SB23.4450

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

4500.00