# 1505 - 121 - 2013

FE6AN026

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER
2015 APR 13 AM 8: 53

Office Use Only

NAME OF		
COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Δ	DRESS (n	number and street)	PO	73/	× 32	63	<u> </u>			<u> </u>
1	Che	ck it different	411	66	BURGL	צעאי	CAY	<u> </u>	1 1 1 1	1 : 1 L
	than	previously orted. (ACC)	NA	PA				A)	94558	]-[250]
2.	FEC IDI	ENTIFICATION NU	MBER 🔻	_	CITY 🛦		Si	TATE 🛦	ZIP (	CODE A
	C. O	04 556	59		3. IS THIS REPORT	6	NEW (N) OR	: AME	ENDED	
	TYPE (	OF REPORT One)	(b) Mos Rep	•	Feb 20 (M2)	uban din in mirabili dina 19.	May 20 (M5)	Aug 2	0 (M8)	Nov 20 (M11 (Non-Election Year Only)
	(a) Gua	arterly Reports:			Mar 20 (M3)		Jun 20 (M6)	Sep 2	0 (M9)	Dec 20 (M12 (Non-Election Year Only)
		April 15			Apr 20 (M4)		Jul 20 (M7)	Oct 20	(0tM) (	Jan 31 (YE)
		Quarterly Report (Q July 15	; (C)	12-Day	etion	Primary (1	2P)	General (1	2G)	Runoff (12R)
		Quarterly Report (Q. October 15	2) ! .	Report fo	er the:	Convention	n (12C)	Special (12	28)	
		Quarterly Report (Q January 31 Year-End Report (YI			Election on	t fa	10 / 3	Y V Y	in the State	
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day		General (3	0G)	Runoff (30	R)	Special (30S)
		Termination Report (TER)		Report to	Election on	ল ব	а о ү	v e v	in the State	· ~ ^
	Covering	Period &	Ď	1 2	015	through	A3	31	2015	· · · · · · · · · · · · · · · · · · ·
c	ertify that	I have examined thi	s Report a	nd to the	best of my know	wledge and	belief it is true.	correct and	complete.	
	-	Name of Treasurer	140		BLEVIN					
			1		rum.			e <b>4</b> 4.		

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## NAPA COUNTY TETUBLICAN PARTY

Report Covering the Period:

From:

BI'BI' ZOIS

To: 23 31 ZOIS

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		, 3,003.00
	(b) Cash on Hand at Beginning of Reporting Period	3003.00	:
	(c) Total Receipts (from Line 19)	, , , <del>, , , , , , , , , , , , , , , , </del>	, <del>-0-</del>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, 3003.00	, 3003.00
7.	Total Disbursements (from Line 31)	, , <del>o</del> , ,	, , <del>o</del> .
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, 3003.00	, 3003.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , <del>O</del> .	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, , <del>o</del>	

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

FE6AN026

# 1503-141-2015

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

## NAPA WUNTY TEPUBLICAN PARTY

C (a		Tot	al This Pe	riod	Calend	lar Year-to	-Date	
(a	outributions (other than loans) From:		•					
•	•							
	Than Political Committees							
	(i) Iteroized (use Schedule A)	,	,	•	,		-	
						•		
	(ii) Unitemized	,	,	•	,	,		
	(iii) TOTAL (and							
	Lines 11(a)(i) and (ii)	,	,	-	,	,	•	
	) Delived Dark Committee							
	Political Party Committees     Other Political Committees	,	7	-	. ,	. 3"	•	
10	(such as PACs)							
(c	I) Total Contributions (add Lines	7	,	•	7 .	, 7	•	
(τ	11(a)(iii), (b), and (c)) (Carry							
	Totals to Line 33, page 5)							
т	ransfers From Affiliated/Other	,	,	•	7	,	•	
	arty Committees							
	ary committees	,	,	•	,	,	•	
Α	I Loans Received	,	,	•	,	,		
		\'	•		,	. ,		
L	pan Repayments Received	17		_	_	_		
	ffsets To Operating Expenditures	, <b>\</b> E	<b>o</b> '	•	7	,	•	
	Refunds, Rebates, etc.)		せ			•		
	Carry Totals to Line 37, page 5)		M					
_	efunds of Contributions Made	,	/,	•	,	,	•	
	Federal Candidates and Other							
Ρ	olitical Committees				_	_	_	
С	ther Federal Receipts	,	, ` `	<b>\</b>	,	,		
	Dividends, Interest, etc.)		•					
-	ransfers from Non-Federal and Levin Funds	5	,	/	,	,	•	
(8	n) Non-Federal Account							
·	(from Schedule H3)	_		. \	,	7		
		,	,		,	,		
(t	) Levin Funds (from Schedule H5)	_		_			_	
,-	,,,,,,,,,,,,,,,,	,	,	•	, ,	,	•	
(0	c) Total Transfers (add 18(a) and 18(b))							
·		,	<b>;</b>	•	/,	,	•	
					\			
_	etal Dessints (add Lines 44/d)							
	otal Receipts (add Lines 11(d),					. /		
7	2, 13, 14, 15, 16, 17, and 18(c))▶	,	,	•	t	/	•	
7	otal Endoral Deceipts					/		
	otal Federal Receipts							
(:	subtract Line 18(c) from Line 19)▶	3	,	•	,	7	<b>/</b> ·	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

21.		Tot	al This Pe	riod		LUMN B r Year-to-E	lato
	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	100	ai mis re	1100	Calerida	rear-to-L	vale
	(i) Federal Share	,	7	•	1	?	•
	(ii) Non-Federal Share						
	(b) Other Federal Operating	.3 -	7	•	,	3	•
	Expenditures		•		<b>y</b> -	<b>7</b> .	_
	(c) Total Operating Expenditures	,	,		,	,	
	(add 21(a)(i), (a)(ii), and (b))▶	,	,	•	7.	3	••
22.	Transfers to Affiliated/Other Party				·	•	
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees	,	,	•	<b>9</b> 5.		•
24.	Independent Expenditures	•	,	<b>1</b>	,	.51	•
	(use Schedule E)	,	,		,		
	(52 U.S.C. § 30116(d)) (use Schedule F)	,	3	•	,	<b>5</b> ·	.•
26.	Loan Repayments Made	,	,	•	•	<b>9</b> 1	•
	Loans Made	,	,		,	5	•
	(a) Individuals/Persons Other Than Political Committees	.\-	· .	•	. <b>.</b> .	,	ė
		, <b>X</b>			. , .		
	(b) Political Party Committees	1	T	•	3	,	•
	(c) Other Political Committees		10				
	(such as PACs)	,	,	-	,	,	-
	(d) Total Contribution Refunds		•	\			
	(add Lines 28(a), (b), and (c))▶	_		<b>\</b> .			
	, , , , , , , , , , , , , , , , , , , ,	,	<b>,</b>		,	,	•
29.	Other Disbursements	,	,	. \	,	,	
		,	•		,	,	
30.	Federal Election Activity (52 U.S.C. § 30101(20))						
	(a) Allocated Federal Election Activity			`			
	(from Schedule H6) (i) Federal Share						
	(i) Lederal Orland	,	,	•	,	5	•
	(ii) "Levin" Share		_	_		_	_
	(b) Federal Election Activity Paid Entirely	,	,	•		,	•
	With Federal Funds	3,	,	•	, \		
	(c) Total Federal Election Activity (add						
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	,	,	•	,	/.	-
24	Total Dishurgaments (add Lines 21/s), 22						
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))					. /	
	20, 27, 20, 20, 21, 20(a), 20 and 00(0))	<b>3</b> ·	, ,	•	,	• •	/ ·
32.	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)						
	from Line 31)	,	<b>3</b> ,		,	<b>3</b> .	. \

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)					Pag	je <b>o</b>
III. Net Contributions/Operating Expenditures	_	OLUMN A il This Peri			OLUMN B ar Year-to-D	ate
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, .	,	<b>-</b> .	,	7	•
(from Line 28(d))	No.	,	•	5.	2 <b>5</b>	• .
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	,	(5)		<b>,</b>	3	•
(add Line 21(a)(i) and Line 21(b))▶	<b>,</b>	,		,	7	-
37. Offsets to Operating Expenditures (from Line 15, page 3)					.* .	
38. Net Operating Expenditures	,	,	•		,	•
(subtract Line 37 from Line 36)	<b>,</b>	,	-			

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 OF /2_(check only one)
	Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)	ay not be sold or used by any praddress of any political committee	erson for the purpose of soliciting contributions
NAPA COUNTY REPUT	BLICAN PART	7
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		, , ,
Name of Employer Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	e Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  B.		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	18 /	, ,
Name of Employer Occupation	n	
Receipt For:  Primary General  Other (specify) ▼  Aggregate	Year-to-Date	
Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		, , , .
Name of Employer Occupation	n .	
Receipt For:  Primary General  Other (specify) ▼	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, ,
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 7 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Sta	tements may not be sold or use	d by any pers	on for the purpose of	<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>
or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
NAPA COUNTY REP	UBLICAN PA	RTY		
Full Name (Last, First, Middle Initial)				
Α.	;		Date of Disburse	
Mailing Address			## ## D	D · Y Y Y
	04-1- 7- O-4-			-
City	State Zip Code			
Purpose of Disbursement	· ·			
Candidate Name			Amount of Each	Disbursement this Period
Calididate Harrie		Category/ Type	. ,	,
	sement For:	- "	·	•
Senate President	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				· · · · · · · · · · · · · · · · · · ·
В	, '	ĺ	Date of Disburse	
Mailing Address			64 M / D	0 1 7 4 Y Y
City	State Zip Code	>		
Purpose of Disbursement	- Kit		· 3 *	
Candidate Name			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type	,	, .
	sement For:			
Senate President	Primary General ✓ Other (specify) ▼			
State: District:	Office (specify)			
Full Name (Last, First, Middle Initial)				
<b>C.</b>			Date of Disburse	
Mailing Address		····	M M 7 D	Y Y Y Y
			$\overline{}$	
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each	Disbursement this Period
Carradate Marie		Category/ Type		
سر المرابع	ement For:		\$	/,
Senate President	Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional	)	·····	,	, .
TOTAL This Period (last page this line number on	W)			
TE THE THIRD COUNTY TO THE THE HOLDER OF	7,		Ţ	, ,

### SCHEDULE C (FEC Form 3X) LOANS

**3** OF PAGE Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) NAPA COUNTY REPUBLICAN PARTY

COAN SOURCE Full Name (Last, First, Middle Initial) Election: **Primary** General Mailing Address Other (specify) -City ZIP Code Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period TERMS Date Incurred Date Due Interest Rate Secured: Yes % (apr) List All Endorsers or Guarantors (Nany) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State Guaranteed City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: Name of Employer 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

### SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on

Page 9 of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** C00455659 NAPA COUNTY REPUBLIC AN PART **MENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name % Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) 🗒 No Yes D. Are any of the following pledged as conateral for the loan: real estate, personal What is the value of this collateral? property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes If yes, specify: Does the lender have a perfected security interest in it? No Yes E. Are any future contributions or future receipts of interes heome, pledged as What is the estimated value? collateral for the loan? No Yes If yes, spec Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the action of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than become imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name Title Signature

## SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE O OF /2
FOR LINE NUMBER: (check only one)

	<u>11</u>	110
NAME OF COMMITTEE (In Full)		
NAPA COUNTY RE	PUBLICAN PHIC	1 7
A. Full Name (Last, First, Middle Initial) of Debto		Nature of Debt (Purpose):
		` ' '
		<b>→</b> ,
Mailing Address		
City State	Zip Code	
		ļ
	•	
Outstanding Balance Beginning This Period		
, ,		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
	•	•
	_	
, , ,	, , . ·	, , ,
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
2. Tall Harro (Edds, First, Middle Initial) VI Debiti		mattic of Debt (i dipose).
		· ·
	<u>,</u>	
Mailing Address		<b>\</b>
	$\mathbf{v}$ .	
City State	Code	`
	·	
Outstanding Balance Beginning This Period		
, , ,		
Amount Incurred This Period	Paymen This Period	Outstanding Balance at Close of This Period
Amount incurred This Period	Payment this Pendo	Constanting balance at Close of this rendo
3 3	, ,	, ,
O F W N - W - C - A C -	O dia-	TV. CRIVID
C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (Purpose):
		·
Mailing Address		
1	`	
City	State Zip Code	- <del>-</del> \
City	State Zip Code	
Outstanding Balance Beginning This Period		
Calculating Data to Degitting 1185 1 Cloud		\
, , ,		
Amount Incurred This Period	Payment This Period	Outstanding Ralance at Close of This Period
	•	, <u> </u>
<b>3. 3. 3. . . . . . . . . . </b>	1	3 <b>.</b>
1) SUBTOTALS This Period This Page (optional)		\
1) SUBTOTALS This Period This Page (optional)		, , , .
2) TOTALS This Period (last page this line number	onfy)	<b>▶</b> , ,
		_ \
3) TOTAL OUTSTANDING LOANS from Schedule (	C (last page only)	·
of total conditions and a monte conduction		, , .
4 400 0 110 111	Eng. of Co.	
4) ADD 2) and 3) and carry forward to appropriate	ine of Summary Page (last page only)	• , , ,

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

HEMIZED INDEPENDENT EXPENDITIONES		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NATA COUNTY REPUBLICA	N TARTY	. C 004 55659
	ort Amends report	M M / O D' / Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
		M 'M / D D / Y Y Y
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
		Amount
City State	Zip Code	
		Date of Dishumannant or Obligation
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate	Support (	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Í	Disbursement For: Primary General
		Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/	м м / о о / У У У У
Name of Federal Candidate	Shoport (	Office Sought: House District:
	Оррозе	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	re a substant begginder	Disbursement For: Primary General
Acceptance of a Stranger of the	ers to the confliction of the first	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures		and the second second second second second
	·	and the state of the state of the state of
(b) SUBTOTAL of Unitemized Independent Expenditures	*******************************	
(c) TOTAL Independent Expenditures	······	,
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Signah m	Date	M M / D D / Y Y Y
Signature		

## SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

ON BEHALF OF CANDIDATES FOR FED	DERAL OFFICE	[	PAGE 12	OF 12
(To be used only	y by Political Committees in the Gen	eral Election)	FOR LINE 25	OF FORM 3X
NAME OF COMMITTEE (IN FUII)  NAPA COUNTY REPU	BLICAN PART	/	Check 24-ho	c if ur notice
Nas your committee been designated to make coordinated expenditures by a political party committee?  YES NO	Full Name of Subordinate Committee			
If YES, making the designating committee:	Mailing Address			
\	City	State	e ZIP C	ode
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Exper	nditure	Category/
Mailing Address		Date		Type
City State	Zip Code	M M / D	D / Y Y	<b>v v</b>
Name of Federal Candidate Supported Office Soug	House   State:	Amount		
Aggregate General Election Expenditure for this Candidate ▶		,   	. ,	• .
Full Name (Last, First, Middle Initial) of Each Payee	flu	Purpose of Exper	nditure	
Mailing Address				Category/ Type
		Date	1	<del></del>
City State	Zip Code	M M / D	0 / Y Y	Y Y .
Name of Federal Candidate Supported Office Soug	ht: House State: Senate District: Presidential	Amount		<del>.</del>
Aggregate General Election Expenditure for this Candidate ▶ ,	Land Representation	• • • • • •	. 3	. •
Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Exper	nditure	
Mailing Address				Category/ Type
City State	Zip Code	Date	, D, , , A, , , A, , , , , A, , , , , , , , , , , , , , , , , , , ,	eryan yn.
Name of Federal Candidate Supported Office Soug	ht: House State: District: Presidential	Amount		<u> </u>
Aggregate General Election Expenditure for this Candidate ▶ ,	,	,	,	
SUBTOTAL of Expenditures This Page (optional)	<b>•</b>		· . · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line number only)	<u> </u>	,	<b>s</b>	. \

RETUAN RECEIPT REQUESTED

FEDERAL ELECTION COMMISSION

999 E STEET, N. W.

LINSHINGTON, D.C.

20463

1000

1503-141-2025

MR. TOAVID TBUTLER ATTENTION:

## 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.

	Date of Receipt
Hand Delivered	
Postmarked	Date of Receipt
USPS First Class Mail	
Thomas and the standard	Postmarked (R/C)
USPS Registered/Certified	4/6/15
USPS Priority Mail	Postmarked
USPS Priority Mair	
·	
USPS Priority Mail Express	Postmarked
Our of Horky Wall Express	
Postmark Illegible	
No Postmark	
	Shipping Date
Overnight Delivery Service (Specify):	
Next Busine	ss Day Delivery
	Date of Receipt
Received from House Records & Registration Office	
Received from Senate Public Records Office	Date of Receipt
Received from Seriale Fublic Records Office	
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
	2/ / /
	4/13/15
PRÉPARER	·*