

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2014 JUL 23 AM 9:04

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Sonny's Franchise company Political Action Committee

ADDRESS (number and street)

201 N New York Ave  
3rd Floor  
Winter Park FL 32789

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00454462

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)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- 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)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM/DD/YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM/DD/YYYY

in the State of

XX

5. Covering Period

04/15/2014

through

07/15/2014

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

Brandon Manly

Signature of Treasurer



Date

07/15/2014

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

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Sonnys Franchise Company Political Action Committee

Report Covering the Period: From: 04 ' 15 ' 2014 To: 07 ' 15 ' 2014

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1,  | <input type="text"/>    | <input type="text"/>              |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text"/>    | <input type="text"/>              |
| (c) Total Receipts (from Line 19) .....  | <input type="text"/>    | <input type="text"/>              |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | <input type="text"/>    | <input type="text"/>              |
| 7. Total Disbursements (from Line 31).....   | <input type="text"/>    | <input type="text"/>              |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | <input type="text"/>    | <input type="text"/>              |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text"/>    | <input type="text"/>              |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text"/>    | <input type="text"/>              |

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)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY

To:

MM / DD / YYYY

**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).....

Empty box for itemized contributions

Empty box for itemized contributions

(ii) Unitemized.....

Empty box for unitemized contributions

Empty box for unitemized contributions

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

Empty box for total of itemized and unitemized

Empty box for total of itemized and unitemized

(b) Political Party Committees.....

Empty box for political party committees

Empty box for political party committees

(c) Other Political Committees (such as PACs).....

Empty box for other political committees

Empty box for other political committees

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

Empty box for total contributions

Empty box for total contributions

12. Transfers From Affiliated/Other Party Committees.....

Empty box for transfers from affiliated/other party committees

Empty box for transfers from affiliated/other party committees

13. All Loans Received.....

Empty box for all loans received

Empty box for all loans received

14. Loan Repayments Received.....

Empty box for loan repayments received

Empty box for loan repayments received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

Empty box for offsets to operating expenditures

Empty box for offsets to operating expenditures

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

Empty box for refunds of contributions

Empty box for refunds of contributions

17. Other Federal Receipts (Dividends, Interest, etc.).....

Empty box for other federal receipts

Empty box for other federal receipts

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

Empty box for non-federal account

Empty box for non-federal account

(b) Levin Funds (from Schedule H5).....

Empty box for levin funds

Empty box for levin funds

(c) Total Transfers (add 18(a) and 18(b))..

Empty box for total transfers

Empty box for total transfers

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

Empty box for total receipts

Empty box for total receipts

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

Empty box for total federal receipts

Empty box for total federal receipts

FROM PLAN 1001010

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

FROM PLAN TO PLAN

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | <input type="text"/>          | <input type="text"/>              |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | <input type="text"/>          | <input type="text"/>              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | <input type="text"/>          | <input type="text"/>              |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | <input type="text"/>          | <input type="text"/>              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | <input type="text"/>          | <input type="text"/>              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | <input type="text"/>          | <input type="text"/>              |

1103001 1103001 1103001

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

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

|                                      |                              |                              |                             |                             |
|--------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| FOR LINE NUMBER:<br>(check only one) |                              |                              | PAGE                        | OF                          |
| <input type="checkbox"/> 11a         | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13          | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |                             |

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)

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

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

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

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

LAWSON | FIN | LOGO

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

|   |                                      |                              |                              |                              |                             |                              |      |    |
|---|--------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|------|----|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                              |                              |                             |                              | PAGE | OF |
|   | <input 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)

**A.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

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

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

FORM 11N-10000

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |                        |
|---|------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE _____ OF _____    |
|   | FOR LINE 13 OF FORM 3X |

NAME OF COMMITTEE (In Full) \_\_\_\_\_

|   |   |
|---|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address                                     |   |
| City State 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:   |
| MM / DD / YYYY | MM / DD / YYYY | _____% (apr)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|  |                                      |
|--|--------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                     |
| Mailing Address                            | Occupation                           |
| City State ZIP Code                        | Amount Guaranteed Outstanding: _____ |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                     |
| Mailing Address                            | Occupation                           |
| City State ZIP Code                        | Amount Guaranteed Outstanding: _____ |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                     |
| Mailing Address                            | Occupation                           |
| City State ZIP Code                        | Amount Guaranteed Outstanding: _____ |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                     |
| Mailing Address                            | Occupation                           |
| City State ZIP Code                        | Amount Guaranteed Outstanding: _____ |

|  |       |   |
|--|-------|---|
| <b>SUBTOTALS</b> This Period This Page (optional).....       | _____ | ⊘ |
| <b>TOTALS</b> 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.

FROM FIN 1004



**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

|  |                           |
|--|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| 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): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |

|  |                           |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |

|   |   |
|---|---|
| 1) SUBTOTALS This Period This Page (optional).....  | 0 |
| 2) TOTALS This Period (last page this line number only).....                              | 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....                          | 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 0 |

FROM FINANCIAL



**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| NAME OF ACCOUNT             |

|   | COLUMN A<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE |
|---|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS  |                               |                          |
| (a) Itemized .....<br>(Use Schedule L-A)                            |                               |                          |
| (b) Unitemized .....  |                               |                          |
| (c) Total .....   |                               |                          |
| 2. OTHER RECEIPTS .....   |                               |                          |
| 3. TOTAL RECEIPTS .....   |                               |                          |
| (Add Lines 1c and 2)  |                               |                          |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT<br>(Use Schedule L-B) |                               |                          |
| (a) Voter Registration .....  |                               |                          |
| (b) Voter ID .....  |                               |                          |
| (c) GOTV .....  |                               |                          |
| (d) Generic Campaign .....  |                               |                          |
| (e) Total .....   |                               |                          |
| 5. OTHER DISBURSEMENTS .....  |                               |                          |
| 6. TOTAL DISBURSEMENTS .....  |                               |                          |
| (Add Lines 4e and 5)  |                               |                          |
| 7. BEGINNING CASH ON HAND .....                                     | Ø                             | Ø                        |
| (for Column B, use cash as of January 1st)                          |                               |                          |
| 8. RECEIPTS .....   | Ø                             | Ø                        |
| (from Line 3)   |                               |                          |
| 9. SUBTOTAL .....   | Ø                             | Ø                        |
| (Add Lines 7 and 8)   |                               |                          |
| 10. DISBURSEMENTS .....   | Ø                             | Ø                        |
| (From Line 6)   |                               |                          |
| 11. ENDING CASH ON HAND .....                                       | Ø                             | Ø                        |
| (Subtract Line 10 From Line 9)                                      |                               |                          |

FROM FIN REPORT

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

|  |  |    |
|--|--|----|
| Use separate schedule(s) for each category of the Aggregation Page | PAGE   | OF |
|  | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2 |    |

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NAME OF COMMITTEE (In Full)

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name

|   |   |
|---|---|
| Mailing Address                                 | Date of Receipt<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| City State Zip Code                             | Amount of Each Receipt this Period<br><input type="text"/>                            |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date<br><input type="text"/>  |
| Occupation                                      |   |

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name

|   |   |
|---|---|
| Mailing Address                                 | Date of Receipt<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| City State Zip Code                             | Amount of Each Receipt this Period<br><input type="text"/>                            |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date<br><input type="text"/>  |
| Occupation                                      |   |

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name

|   |   |
|---|---|
| Mailing Address                                 | Date of Receipt<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| City State Zip Code                             | Amount of Each Receipt this Period<br><input type="text"/>                            |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date<br><input type="text"/>  |
| Occupation                                      |   |

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name

|   |   |
|---|---|
| Mailing Address                                 | Date of Receipt<br><input type="text"/> / <input type="text"/> / <input type="text"/> |
| City State Zip Code                             | Amount of Each Receipt this Period<br><input type="text"/>                            |
| Name of Employer or Principal Place of Business | Aggregate Year-to-Date<br><input type="text"/>  |
| Occupation                                      |   |

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

ACTION PLAN LOCATOR



201 North New York Avenue  
3rd Floor  
Winter Park, FL 32789

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

FEC MAIL CENTER

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 checked="" type="checkbox"/> USPS First Class Mail                  | Postmarked<br>7/16/14         |
| <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                 |
| Next Business Day Delivery   | <input type="checkbox"/>      |
| <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 type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked |

*CMR*  
 PREPARER

7/23/14  
 DATE PREPARED

FROM: FIN: 100000