

RECEIVED

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

SENATE 2010 OCT 18 AM 11:57
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Office Use Only

SECRETARY OF STATE
10 OCT 19 PM

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

ADDRESS (number and street) P.O. Box 44406
Check if different than previously reported. (ACC) Detroit MI 48244-0406

2. FEC IDENTIFICATION NUMBER 000452961
3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [] AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1) []
- July 15 Quarterly Report (Q2) []
- X 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 [] / [] / [] in the State of []

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

Election on [] / [] / [] in the State of []

5. Covering Period 07 01 2010 through 09 30 2010

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 Douglas J. Skrzyniasz

Signature of Treasurer [Handwritten Signature]

Date 10 14 2010

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 table with 8 empty columns.

FEC FORM 3X Rev. 12/2004

10020800055

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Friends of WSUSOM

Report Covering the Period:

From:

07 01 2010

To:

09 30 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		10,589.79
(b) Cash on Hand at Beginning of Reporting Period.....	7,047.39	
(c) Total Receipts (from Line 19).....	5,500.00	17,700.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	12,547.39	28,209.79
7. Total Disbursements (from Line 31).....	5,409.51	21,071.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7,137.84	7,137.84
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

10020800056

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).....	5,500.00	16,800.00
(ii) Unitemized.....		350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5,500.00	17,150.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5,500.00	17,150.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		550.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5,500.00	17,700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5,500.00	17,700.00

10020800057

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	2,759.51	8,521.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,759.51	8,521.95
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,750.00	5,250.00
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	900.00	7,300.00
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)) ..	5,409.51	21,071.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5,409.51	21,071.95

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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)	5,500.00	17,150.00
34. Total Contribution Refunds (from Line 28(d))	550.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5,500.00	16,600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2,759.51	8,521.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,759.51	8,521.95

10020800059

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE <u>2</u> OF <u>2</u>	
	(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"/> 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)
Friends of WSUSOM

A. Full Name (Last, First, Middle Initial) Guthrikonda, Murali		Date of Receipt 07 14 2010
Mailing Address 6 Higbie Ct.		Amount of Each Receipt this Period 1,000.00
City Grosse Pointe	State Zip Code MI 48236	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Wayne State University	Occupation Physician	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

B. Full Name (Last, First, Middle Initial) Smitherman, Herbert		Date of Receipt 07 24 2010
Mailing Address 80 Virginia Park		Amount of Each Receipt this Period 1,000.00
City Detroit	State Zip Code MI 48202	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer Wayne State University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

C. Full Name (Last, First, Middle Initial) Busuito, Michael		Date of Receipt 08 17 2010
Mailing Address 2556 Amherst Ct.		Amount of Each Receipt this Period 500.00
City Troy	State Zip Code MI 48098	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Somerset Plastic Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	2,500.00
TOTAL This Period (last page this line number only).....	5,500.00

10020800061

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

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. **Best Buy** Date of Disbursement: **07 06 2010**

Mailing Address: **30701 Grandot Ave**

City: **Roseville** State: **MI** Zip Code: **48066**

Purpose of Disbursement: **Computer Equipment** Amount of Each Disbursement this Period: **922.18**

Candidate Name: _____ Category/Type: **003**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

B. **Shrzymiarz, Douglas** Date of Disbursement: **09 16 2010**

Mailing Address: **14469 Maisano**

City: **Sterling Heights** State: **MI** Zip Code: **48312**

Purpose of Disbursement: **Reimbursement Internet/Millage** Amount of Each Disbursement this Period: **493.83**

Candidate Name: _____ Category/Type: **003**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C. _____ Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Amount of Each Disbursement this Period: _____

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) **1,416.01**

TOTAL This Period (last page this line number only) **1,416.01**

10020800062

**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)				PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24		
	<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)
Friends of WSUSOM

A. Mark Schauer for Congress		Date of Disbursement 08 23 2010
Mailing Address PO Box 100		Amount of Each Disbursement this Period 500.00
City Battle Creek	State MI Zip Code 49016	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Mark Schauer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MI District: 7	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Friends of Jim Clyburn		Date of Disbursement 07 27 2010
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 250.00
City Columbia	State SC Zip Code 29211	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Jim Clyburn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: SC District: 6	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Mark Schauer for Congress		Date of Disbursement 09 06 2010
Mailing Address PO Box 100		Amount of Each Disbursement this Period 1,000.00
City Battle Creek	State MI Zip Code 49016	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Mark Schauer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: MI District: 7	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....	1,750.00
TOTAL This Period (last page this line number only).....	1,750.00

10020800063

**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)

PAGE 1 OF 2

21b 22 23 24 25 26
 27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. John Pappageorge for State Senate

Date of Disbursement: **07 26 2010**

Mailing Address: **49 W. 14 Mile**

City: **Claussen** State: **MI** Zip Code: **48017**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **John Pappageorge** Amount of Each Disbursement this Period: **300.00**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

B. Committee to Elect Sharelle Jackson

Date of Disbursement: **07 28 2010**

Mailing Address: **19413 Burt Rd.**

City: **Detroit** State: **MI** Zip Code: **48219**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **Sharelle Jackson** Amount of Each Disbursement this Period: **250.00**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

C. David Peyton for Attorney General

Date of Disbursement: **08 25 2010**

Mailing Address: **503 Mall Ct. #287**

City: **Lansing** State: **MI** Zip Code: **48912**

Purpose of Disbursement: **Contribution** Category/Type: **011**

Candidate Name: **David Peyton** Amount of Each Disbursement this Period: **250.00**

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) **▼**

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional)..... **800.00**

TOTAL This Period (last page this line number only)..... **800.00**

10020800064

**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)

PAGE 2 OF 2

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Friends of WSUSOM

A. Full Name (Last, First, Middle Initial) **Ken Sampar for State Representative**

Mailing Address **43304 Vinsetta Dr.**

City **Sterling Heights MI** State **MI** Zip Code **48313**

Purpose of Disbursement **Contribution**

Candidate Name **Ken Sampar**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement **08 / 23 / 2010**

Amount of Each Disbursement this Period **100.00**

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

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

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

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... **100.00**

TOTAL This Period (last page this line number only)..... **900.00**

10020800065

81-01
2695

588
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TRK#
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21HNUHRU UVERNLUHI

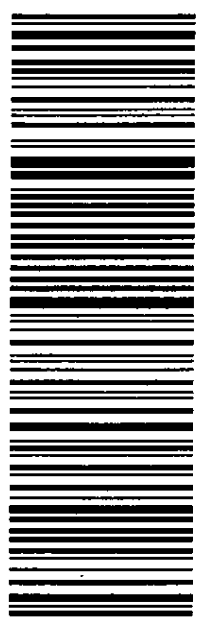
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DCA



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FedEx Retrieval C

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Sender's FedEx Account Number 11-15-10

Sender's Name Doug Skrzyniarz
Company Friends of WISCONSIN PAC
Address P O Box 44406
City Detroit State MI ZIP 48224

2 Your Internal Billing Reference

To Recipient's Name Federal Election Commission
Company P O Box 55107
Address 999 E Street NW
City Washington State DC ZIP 20543

Address 999 E Street NW
City Washington State DC ZIP 20543

Address 999 E Street NW
City Washington State DC ZIP 20543



8738 0433 5637



01 Express Package Service
 02 Express Priority Overnight
 03 Express 2Day
 04 Express Freight Service
 05 FedEx Standard Overnight
 06 FedEx First Overnight
 07 FedEx 1Day Freight
 08 FedEx 2Day Freight
 09 FedEx 3Day Freight
 10 FedEx Signature
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Form ID No. 0200

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2010 OCT 18 AM 11:57

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

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Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS 10-15-10

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

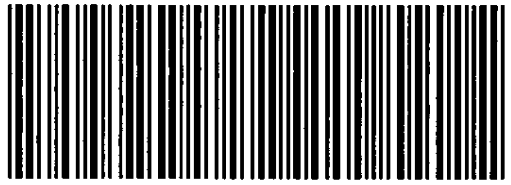
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-19-10

10020800067



10020800068