

**FEC
FORM 3X**

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

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street) **555 East Wells Street, Suite 1100**
 Check if different than previously reported. (ACC)
Milwaukee WI 53202-3823

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00324780 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 / / 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 04 / 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 **Mr. Kevin Beier**

Signature of Treasurer  Date 07 / 10 / 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

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		244754.95
(b) Cash on Hand at Beginning of Reporting Period.....	258822.39	
(c) Total Receipts (from Line 19)	4984.97	21775.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	263807.36	266530.36
7. Total Disbursements (from Line 31)	27.01	2750.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	263780.35	263780.35
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)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

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).....

2800.00

12400.00

(ii) Unitemized.....

2090.00

9196.00

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

4890.00

21596.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

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

4890.00

21596.00

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.).....

94.97

179.41

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)).....▶

4984.97

21775.41

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

4984.97

21775.41

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	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures	27.01	250.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27.01	250.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00	
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))..	27.01	2750.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27.01	2750.01	

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)	4890.00	21596.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4890.00	21596.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	27.01	250.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27.01	250.01

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

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

FOR LINE NUMBER: PAGE 6 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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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)
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial) A. Dr. Robert J. Darzynkiewicz			Date of Receipt MM / DD / YYYY 04 / 19 / 2014 Transaction ID : SA11AI.4797		
Mailing Address 16151 Woodbridge Court			Amount of Each Receipt this Period 250.00		
City Truckee	State CA	Zip Code 96161			
FEC ID number of contributing federal political committee. C					
Name of Employer Renown Regional Medical Center		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr. Christopher R. Grieves			Date of Receipt MM / DD / YYYY 06 / 21 / 2014 Transaction ID : SA11AI.4803		
Mailing Address 604 Malone Street			Amount of Each Receipt this Period 250.00		
City Houston	State TX	Zip Code 77007			
FEC ID number of contributing federal political committee. C					
Name of Employer GHEP		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. John Hopkins			Date of Receipt MM / DD / YYYY 05 / 18 / 2014 Transaction ID : SA11AI.4814		
Mailing Address 244 Haines Ave			Amount of Each Receipt this Period 250.00		
City Barrington	State NJ	Zip Code 08007			
FEC ID number of contributing federal political committee. C					
Name of Employer Not Provided		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 7 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)
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

A. Dr. Erin M. Khouri
Full Name (Last, First, Middle Initial)

Mailing Address 2200 Benjamin Franklin Parkway
Apartment South 709

City Philadelphia State PA Zip Code 19130

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

Name of Employer Not Provided Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2014

Transaction ID : SA11AI.4801

Amount of Each Receipt this Period
250.00

B. Dr. Christopher L. Klingenberg
Full Name (Last, First, Middle Initial)

Mailing Address 469 CR107

City Nacogdoches State TX Zip Code 75965

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

Name of Employer Leading Edge Medical Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2014

Transaction ID : SA11AI.4795

Amount of Each Receipt this Period
250.00

C. Dr. Peter B. Mishky
Full Name (Last, First, Middle Initial)

Mailing Address 1040 Alameda Boulevard

City Coronado State CA Zip Code 92118

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

Name of Employer Scripps Mercy Chula Vista Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2014

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶ 750.00

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 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)
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

A. Dr. Long Nguyen
Full Name (Last, First, Middle Initial)
Mailing Address 681 Washington Blvd

City Marina Del Rey State CA Zip Code 90292

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11AI.4811

Amount of Each Receipt this Period
300.00

B. Dr. Brian A. Rike
Full Name (Last, First, Middle Initial)
Mailing Address 1106 Oak Dr.

City Durango State CO Zip Code 81301

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

Name of Employer Occupation
SJRMH Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2014
Transaction ID : SA11AI.4807

Amount of Each Receipt this Period
250.00

C. Dr. Joel M. Schofer
Full Name (Last, First, Middle Initial)
Mailing Address 10352 Heron's Ridge Cove

City Lakeland State TN Zip Code 38002

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

Name of Employer Occupation
US Navy Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2014
Transaction ID : SA11AI.4809

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00

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 9 OF 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

A. Full Name (Last, First, Middle Initial)
Dr. David R. Steinbruner

Mailing Address **335 Lowick Drive**

City **Colorado Springs** State **CO** Zip Code **80906**

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

Name of Employer **Emergency Medical Specialists** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 13 / 2014**
Transaction ID : **SA11AI.4793**

Amount of Each Receipt this Period **250.00**

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

TOTAL This Period (last page this line number only)..... ▶ **2800.00**

earth smart

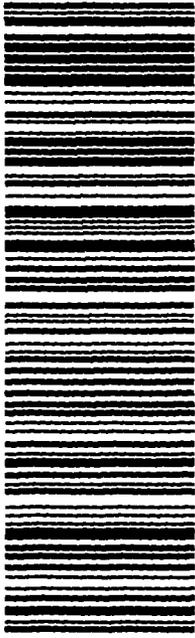
FedEx carbon-neutral envelope shipping

FedEx

FedEx
TRK# 8592 3723 3482

TUE - 15 JUL AA
STANDARD OVERNIGHT
20463
DC-US
IAD

XC RDVA



FD 318774 14JUL14 PWA 51AC2/ED4F/65DD

International Shipping

FedEx Retrieval Copy

FedEx Express US Airbill 0200 0200

1 From 7-11-14 Sender's FedEx Account Number 8592 3723 3482

Date 7/11/14 Sender's Name Dr Kevin Beier Phone

Company AAEM Address 5102 Yale Court

City Brentwood State TN ZIP 37027

2 Your Internal Billing Reference

3 To Recipient's Name Federal Election Commission

Company 999 F Street, NW

Address 999 F Street, NW

City Washington State DC ZIP 20463

Address To request a package be held at a specific FedEx location, print FedEx address here.

City Washington State DC ZIP 20463

City Washington State DC ZIP 20463

City Washington State DC ZIP 20463



8592 3723 3482

3482
07.15
FZ
879
RT
677
9
LL9

Packages up to 150 lbs.

FedEx First Overnight
Earliest next business morning
delivery to select locations.
Saturday Delivery NOT available.

FedEx Standard Overnight 6
Next business morning
Saturday Delivery NOT available.

FedEx Express Saver
Second business day
Saturday Delivery NOT available.

FedEx 2Day
Third business day
Saturday Delivery NOT available.

FedEx 2Day Freight
Third business day
Saturday Delivery NOT available.

FedEx 10Day Freight
Third business day
Saturday Delivery NOT available.

FedEx 3Day Freight
Third business day
Saturday Delivery NOT available.

FedEx Priority Overnight
Next business morning
Saturday Delivery NOT available.

FedEx Priority Overnight
Next business morning
Saturday Delivery NOT available.

FedEx Priority Overnight
Next business morning
Saturday Delivery NOT available.

FedEx Priority Overnight
Next business morning
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FedEx Priority Overnight
Next business morning
Saturday Delivery NOT available.

FedEx Priority Overnight
Next business morning
Saturday Delivery NOT available.

FedEx Priority Overnight
Next business morning
Saturday Delivery NOT available.

520

8 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

Direct Signature 34
Indirect Signature 34
No Signature 10
Signature required
Package may be left without obtaining a signature
See instructions for details.
For applicable rates and restrictions, see applicable rate guide.
FedEx is not responsible for loss or damage to contents.
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Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Total Packages 1
Total Weight

Sender's Bill to: Enter FedEx Acct. No. or Credit Card No. below.
Sender's Acct. No. 3
Third Party 4
Credit Card 5
Cash/Check

Special Handling
1. HOLD at FEDEX location for pickup for FedEx First Overnight, FedEx 2Day, FedEx Standard Overnight, or FedEx 3Day Freight.
2. Increase FedEx reference in Section 3.
3. HOLD Saturday at FEDEX location for pickup for FedEx Priority Overnight and FedEx 2Day to select locations.
4. Dry Ice Dry Ice 1-3, 1-3, 1-3
5. Cargo-Aircraft Only Obtain Receipt, No. Act. No.

5 Packaging 2 FedEx Pak* 3 FedEx Box 4 FedEx Tube 1 Other
* Call for Confirmation. FedEx Pak* includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak. Packages over 150 lbs. require a special container.

6 Special Handling
1. HOLD at FEDEX location for pickup for FedEx First Overnight, FedEx 2Day, FedEx Standard Overnight, or FedEx 3Day Freight.
2. Increase FedEx reference in Section 3.
3. HOLD Saturday at FEDEX location for pickup for FedEx Priority Overnight and FedEx 2Day to select locations.
4. Dry Ice Dry Ice 1-3, 1-3, 1-3
5. Cargo-Aircraft Only Obtain Receipt, No. Act. No.

7 Payment 2 Recipient 3 Third Party 4 Credit Card 5 Cash/Check

8 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

9 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

10 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

11 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

12 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

13 NEW Residential Delivery Signature Options
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If you require a signature, check Direct or Indirect Signature options.

21 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

22 NEW Residential Delivery Signature Options
If you require a signature, check Direct or Indirect Signature options.

