

**FEC FORM 3**

**REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED  
OFFICE USE ONLY  
12 FEB 4 5 2014  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.  
Kristen Spees Committee

ADDRESS (number and street)  
808 Northwood Blvd #2  
 Check if different than previously reported. (ACC)  
Incline Village NV 89450

2. **FEC IDENTIFICATION NUMBER** C00565408  
 CITY STATE ZIP CODE STATE DISTRICT  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NV 02

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)

(b) 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   

(c) 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 10 / 16 / 2014 through 11 / 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 Kristen Spees

Signature of Treasurer [Signature] Date 11 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

*Kristen Speers committee*

Report Covering the Period: From:

**1**<sup>M</sup>**0**<sup>M</sup> / **1**<sup>D</sup>**6**<sup>D</sup> / **2**<sup>Y</sup>**0**<sup>Y</sup>**1**<sup>4</sup>

To:

**1**<sup>M</sup>**1**<sup>M</sup> / **9**<sup>D</sup>**3<sup>D</sup> / **2**<sup>Y</sup>**0<sup>Y</sup>**1**<sup>4</sup>****

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	881.00	10906.00
(b) Total Contribution Refunds (from Line 20(d)).....	1185.58	1185.58
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-304.58	9720.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	2626.42	9718.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2626.42	9718.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

**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

Write or Type Committee Name

*Kristen Speers Committee*

Report Covering the Period: From: 7<sup>M</sup> 16 2014 To: 11<sup>M</sup> 13 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A).....
  - (ii) Unitemized.....
  - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

	881.00	9,206.00
	0	0
	881.00	9,206.00
	0	0
	0	0
	0	1,700.00
	881.00	10,906.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

	0	0
--	---	---

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

	0	0
	0	0
	0	0

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

	0	0
--	---	---

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

	0	0
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16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

	881.00	10,906.00
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**DETAILED SUMMARY PAGE**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	2,676.42	9,718.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	1,185.58	1,185.58
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1,185.58	1,185.58
21. OTHER DISBURSEMENTS .....	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3,812.00	10,904.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2,931.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	881.00
25. SUBTOTAL (add Line 23 and Line 24).....	3,812.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3,812.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0

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

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

FOR LINE NUMBER: PAGE 1 OF 4  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
*Kristen Speers Committee*

Full Name (Last, First, Middle Initial)  
*DuVigneau, Heitor + Gissela*

A. Mailing Address  
*930 Tahoe Blvd #802-294*

City *Incline Village* State *NV* Zip Code *89451*

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

Name of Employer *Retired* Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *25000*

Date of Receipt  
*10 / 20 / 2014*

Amount of Each Receipt this Period  
*25000*

Full Name (Last, First, Middle Initial)  
*Cronin, James + Linda*

B. Mailing Address  
*2205 Loire St.*

City *Carson City* State *NV* Zip Code *89701*

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

Name of Employer *Retired* Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *5000*

Date of Receipt  
*10 / 29 / 2014*

Amount of Each Receipt this Period  
*5000*

Full Name (Last, First, Middle Initial)  
*Tracy Gary*

C. Mailing Address  
*1187 Bayshore Dr.*

City *Sparks* State *NV* Zip Code *89434*

FEC ID number of contributing federal political committee. *C 07*

Name of Employer *unemployed* Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *2500*

Date of Receipt  
*10 / 18 / 2014*

Amount of Each Receipt this Period  
*1000*

**SUBTOTAL** of Receipts This Page (optional) ..... *31000*  
**TOTAL** This Period (last page this line number only) .....

2014-10-21 10:12:10

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

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 2 OF 4

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NAME OF COMMITTEE (In Full) *Kagan Spees Committee*

Full Name (Last, First, Middle Initial) *Wright, Sarah*

A. Mailing Address *Georgetown University New South Hall 349*  
 City *Washington DC* State *DM* Zip Code *20057*

Date of Receipt  
 M M D D Y Y  
 10 25 2014

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

Amount of Each Receipt this Period  
 25.00

Name of Employer *Student* Occupation *Student*

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date

B. Full Name (Last, First, Middle Initial) *Barrett, Pat*

Mailing Address *1765 Autumn Valley way*  
 City *Reno* State *NV* Zip Code *89523*

Date of Receipt  
 M M D D Y Y  
 10 27 2014

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

Amount of Each Receipt this Period  
 100.00

Name of Employer *WOMEN* Occupation *marketing*

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date

C. Full Name (Last, First, Middle Initial) *Pheilan, Joseph*

Mailing Address *690 Sapphire circle*  
 City *Reno* State *NV* Zip Code *89509*

Date of Receipt  
 M M D D Y Y  
 10 27 2014

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

Amount of Each Receipt this Period  
 25.00

Name of Employer *Unemployed* Occupation *Unemployed*

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional) *150.00*

TOTAL This Period (last page this line number only)

150.00

14001-1001-1001-1001

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/>

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)  
*Kristen Speers Committee*

**A.** Full Name (Last, First, Middle Initial)  
*TAWORONNA Joseph + Thomasine*

Mailing Address  
*PO Box 8829*

City  
*France Village* State  
*NU* Zip Code  
*89480*

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

Name of Employer  
*Self* Occupation  
*Engineer*

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*15000*

Date of Receipt  
*10 / 19 / 2014*

Amount of Each Receipt this Period  
*150.00*

**B.** Full Name (Last, First, Middle Initial)  
*Holland, ERIC*

Mailing Address  
*17 South Virginia St #205*

City  
*Renov* State  
*NU* Zip Code  
*89501*

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

Name of Employer  
 Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*5000*

Date of Receipt  
*10 / 18 / 2014*

Amount of Each Receipt this Period  
*5000*

**C.** Full Name (Last, First, Middle Initial)  
*Vercasen, Duane + Marlon*

Mailing Address  
*7012 Heatherwood Dr*

City  
*Renov* State  
*NU* Zip Code  
*89523*

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

Name of Employer  
 Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
*60.00*

Date of Receipt  
*10 / 19 / 2014*

Amount of Each Receipt this Period  
*60.00*

**SUBTOTAL** of Receipts This Page (optional) ..... *260.00*

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

2014-11-10 10:10:10

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 4 OF 4	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) *Klusek Speers Committee*

Full Name (Last, First, Middle Initial) *Putnam, Randal*

Mailing Address *5455 Cypress Point Dr.*

City *Reno* State *NV* Zip Code *89502*

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

Name of Employer *Retired* Occupation *Retired*

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date *150.00*

Date of Receipt *10 / 03 / 2014*

Amount of Each Receipt this Period *5000*

Full Name (Last, First, Middle Initial) *Quilang, Ron*

Mailing Address *3301 W. Spring Mountain Rd #14*

City *Las Vegas* State *NV* Zip Code *89123*

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

Name of Employer *SELF* Occupation *Printer/owner*

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date

Date of Receipt *10 / 16 / 2014*

Amount of Each Receipt this Period *111.00*  
*(Donation in-kind)*

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)  
Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) *5000*

**TOTAL** This Period (last page this line number only) *881.00*



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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*Kristen Speers Committee*

Full Name (Last, First, Middle Initial)

A.

*Kristen Speers Committee*

Date of Disbursement

M	M	D	D	Y	Y
1	0	1	7	2	0
				14	

Mailing Address

*PO Box 3464*

Amount of Each Disbursement this Period

4	0	0	9
---	---	---	---

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Gas Rando*

--

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

B.

*Kristen Speers Committee*

Date of Disbursement

M	M	D	D	Y	Y
1	0	2	0	2	0
				14	

Mailing Address

*PO Box 3464*

Amount of Each Disbursement this Period

7	2	8
---	---	---

City

*Incline Village NV*

State

Zip Code

*89450*

Purpose of Disbursement

*Lunch*

--

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

C.

*Kristen Speers Committee*

Date of Disbursement

M	M	D	D	Y	Y
1	0	2	0	2	0
				14	

Mailing Address

*PO Box 3464*

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

City

*Incline Village NV 89450*

State

Zip Code

Purpose of Disbursement

*Billboard Payment Veterans in Politics*

--

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

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

1	5	9	7	3	7
---	---	---	---	---	---

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

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FORM 1001-2-11-08

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

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

FOR LINE NUMBER: 1 PAGE 2 OF 2

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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)  
*Kristen Speer Committee*

A. Full Name (Last, First, Middle Initial) *Kristen Speer Committee*

Mailing Address *PO BOX 3464*

City *Incline Village* State *NV* Zip Code *89450*

Purpose of Disbursement *lunch for volunteers*

Candidate Name *Kristen Speer* Category/Type [ ]

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *10/20/2014*

Amount of Each Disbursement this Period: *285.8*

B. Full Name (Last, First, Middle Initial) *Kristen Speer Committee*

Mailing Address *PO BOX 3464*

City *Incline Village* State *NV* Zip Code *89450*

Purpose of Disbursement *Gas Reno*

Candidate Name *Kristen Speer* Category/Type [ ]

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *10/29/2014*

Amount of Each Disbursement this Period: *339.8*

C. Full Name (Last, First, Middle Initial) *Kristen Speer Committee*

Mailing Address *PO BOX 3464*

City *Incline Village* State *NV* Zip Code *89450*

Purpose of Disbursement *USPS send FEC filing*

Candidate Name *Kristen Speer* Category/Type [ ]

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *10/29/2014*

Amount of Each Disbursement this Period: *9.05*

SUBTOTAL of Disbursements This Page (optional)..... *712.67*

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

10001 INVT 21000

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 4

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*Kristen Speer Committee*

Full Name (Last, First, Middle Initial)

A.

*Kristen Speer Committee*

Date of Disbursement

*10* / *22* / *2014*

Mailing Address

*PO Box 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Lunch*

Amount of Each Disbursement this Period

*763*

Candidate Name

*Kristen Speer*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

B.

*Kristen Speer Committee*

Date of Disbursement

*10* / *23* / *2014*

Mailing Address

*PO Box 3464*

City

*Incline Village NV*

State

Zip Code

*89450*

Purpose of Disbursement

*Printing Signs*

Amount of Each Disbursement this Period

*349.0*

Candidate Name

*Kristen Speer*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

C.

*Kristen Speer Committee*

Date of Disbursement

*10* / *23* / *2014*

Mailing Address

*PO Box 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Gas Reno*

Amount of Each Disbursement this Period

*39.79*

Candidate Name

*Kristen Speer*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

SUBTOTAL of Disbursements This Page (optional)

*823.2*

TOTAL This Period (last page this line number only)

*823.2*

14303-134-2170

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kristen Spees Committee

Full Name (Last, First, Middle Initial)

Kristen Spees committee

Date of Disbursement

10	24	2014
----	----	------

Mailing Address

PO Box 3464

Amount of Each Disbursement this Period

32.82
-------

City

Incline Village

State

NV

Zip Code

89450

Purpose of Disbursement

Lunch for Volunteers

Category/  
Type

Candidate Name

Kristen Spees

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: NV

District: 2

Full Name (Last, First, Middle Initial)

Kristen Spees Committee

Date of Disbursement

10	29	2014
----	----	------

Mailing Address

PO Box 3464

Amount of Each Disbursement this Period

53.41
-------

City

Incline Village NV

State

Zip Code

89450

Purpose of Disbursement

Dinner for Volunteers

Category/  
Type

Candidate Name

Kristen Spees

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: NV

District: 2

Full Name (Last, First, Middle Initial)

Kristen Spees committee

Date of Disbursement

10	29	2014
----	----	------

Mailing Address

PO Box 3464

Amount of Each Disbursement this Period

46.57
-------

City

Incline Village

State

NV

Zip Code

89450

Purpose of Disbursement

GAS

Category/  
Type

Candidate Name

Kristen Spees

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: NV

District: 2

SUBTOTAL of Disbursements This Page (optional)

132.80
--------

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*Kristen Speers Committee*

Full Name (Last, First, Middle Initial)

A. *Kristen Speers committee*

Mailing Address

*PO Box 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Bowl-A-Thon Tahoe Family Summit*

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10 27 2014*

Amount of Each Disbursement this Period

*25.00*

B. *Kristen Speers Committee*

Mailing Address

*PO Box 3464*

City

*Incline Village NV*

State

Zip Code

*89450*

Purpose of Disbursement

*TV commercials - Spanish*

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10 29 2014*

Amount of Each Disbursement this Period

*300.00*

C. *Kristen Speers committee*

Mailing Address

*PO Box 3464*

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Lunch for volunteers*

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State: *NV*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10 29 2014*

Amount of Each Disbursement this Period

*14.10*

SUBTOTAL of Disbursements This Page (optional)

*339.10*

TOTAL This Period (last page this line number only)

*339.10*

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

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

FOR LINE NUMBER: 3 PAGE 6 OF 8  
 17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

Kristen Speers Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <i>Kristen Speers committee</i></p> <p>Mailing Address <i>PO BOX 3464</i></p> <p>City <i>Incline Village</i> State <i>NV</i> Zip Code <i>89450</i></p> <p>Purpose of Disbursement <i>Gas Rent</i></p> <p>Candidate Name <i>Kristen Speers</i></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <i>NV</i> District: <i>2</i></p>	<p>Date of Disbursement</p> <p><b>10</b> / <b>29</b> / <b>2014</b></p> <p>Amount of Each Disbursement this Period</p> <p><b>3,445</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <i>Kristen Speers Committee</i></p> <p>Mailing Address <i>PO BOX 3464</i></p> <p>City <i>Incline Village</i> State <i>NV</i> Zip Code <i>89450</i></p> <p>Purpose of Disbursement <i>Dinner for Volunteers</i></p> <p>Candidate Name <i>Kristen Speers</i></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <i>NV</i> District: <i>2</i></p>	<p>Date of Disbursement</p> <p><b>10</b> / <b>30</b> / <b>2014</b></p> <p>Amount of Each Disbursement this Period</p> <p><b>25.32</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <i>Kristen Speers committee</i></p> <p>Mailing Address <i>PO BOX 3464</i></p> <p>City <i>Incline Village</i> State <i>NV</i> Zip Code <i>89450</i></p> <p>Purpose of Disbursement <i>GAS</i></p> <p>Candidate Name <i>Kristen Speers</i></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>State: <i>NV</i> District: <i>2</i></p>	<p>Date of Disbursement</p> <p><b>11</b> / <b>03</b> / <b>2014</b></p> <p>Amount of Each Disbursement this Period</p> <p><b>4,543</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional).....</p>	
<p><b>TOTAL</b> This Period (last page this line number only).....</p>	

**10,520**

1404-134-213

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
*Kristen Speer Committee*

A. *Kristen Speer Committee*

Full Name (Last, First, Middle Initial)

Mailing Address: *PO Box 3464*

City: *Incline Village* State: *NV* Zip Code: *89450*

Purpose of Disbursement: *Lunch for Volunteers*

Candidate Name: *Kristen Speer*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *11/04/2014*

Amount of Each Disbursement this Period: *2762*

B. *Kristen Speer Committee*

Full Name (Last, First, Middle Initial)

Mailing Address: *PO Box 3464*

City: *Incline Village* State: *NV* Zip Code: *89450*

Purpose of Disbursement: *3 Signs made for Campaign*

Candidate Name: *Kristen Speer*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *11/05/2014*

Amount of Each Disbursement this Period: *169.97*

C. *Kristen Speer Committee*

Full Name (Last, First, Middle Initial)

Mailing Address: *PO Box 3464*

City: *Incline Village* State: *NV* Zip Code: *89450*

Purpose of Disbursement: *Gas to pickup signs*

Candidate Name: *Kristen Speer*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *11/12/2014*

Amount of Each Disbursement this Period: *3112*

SUBTOTAL of Disbursements This Page (optional) *22871*

TOTAL This Period (last page this line number only)

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

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"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
*Kristen Speers Committee*

A. Full Name (Last, First, Middle Initial) *Kristen Speers Committee*

Mailing Address *PO Box 3464*

City *Incline Village* State *NV* Zip Code *89450*

Purpose of Disbursement *In-kind donation Don Quiling*

Candidate Name *Kristen Speers* Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *10/16/2019*

Amount of Each Disbursement this Period: *111.00*  
(In-kind donation)

B. Full Name (Last, First, Middle Initial) *Kristen Speers Committee*

Mailing Address *PO Box 3464*

City *Incline Village* State *NV* Zip Code *89450*

Purpose of Disbursement *Adt Blue percentage*

Candidate Name *Kristen Speers* Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement: *11/8/2019*

Amount of Each Disbursement this Period: *8.31*

C. Full Name (Last, First, Middle Initial) *Kristen Speers Committee*

Mailing Address *PO Box 3464*

City *Incline Village* State *NV* Zip Code *89450*

Purpose of Disbursement

Candidate Name *Kristen Speers* Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *NV* District: *2*

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) *1193.1*

TOTAL This Period (last page this line number only) *2626.42*

FROM LINE 21



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 9

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

*Kristen Speers Committee*

Full Name (Last, First, Middle Initial)

**A.**

*Kristen Speers committee*

Date of Disbursement

MM	DD	YYYY
11	13	2014

Mailing Address

*PO Box 3464*

Amount of Each Disbursement this Period

118558
--------

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

*Contribution Refund to Candidate*

--

Candidate Name

*Kristen Speers*

Category/  
Type

*(20a)*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify)

State: *NV* District: *2*

Full Name (Last, First, Middle Initial)

**B.**

*Kristen Speers Committee*

Date of Disbursement

MM	DD	YYYY

Mailing Address

*PO Box 3464*

Amount of Each Disbursement this Period

--

City

*Incline Village NV*

State

Zip Code

*89450*

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify)

State: *NV* District: *2*

Full Name (Last, First, Middle Initial)

**C.**

*Kristen Speers Committee*

Date of Disbursement

MM	DD	YYYY

Mailing Address

*PO Box 3464*

Amount of Each Disbursement this Period

--

City

*Incline Village*

State

*NV*

Zip Code

*89450*

Purpose of Disbursement

Candidate Name

*Kristen Speers*

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  
 General  
 Other (specify)

State: *NV* District: *2*

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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140011-1001-21100

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 1 OF 1  
 FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
*Kristen Speer Committee*

LOAN SOURCE Full Name (Last, First, Middle Initial)  
*NA*

Mailing Address

City State ZIP Code

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan  
 Cumulative Payment To Date  
 Balance Outstanding at Close of This Period

TERMS

Date Incurred:  /  /   
 Date Due:  /  /   
 Interest Rate:  % (apr)  
 Secured:  Yes  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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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.

11-11-11

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

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Kenyon Speer Committee</i>	FEC IDENTIFICATION NUMBER C
--	--------------------------------

LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y
City State Zip Code	Date Due	M M / D D / Y Y Y Y

A. Has loan been restructured?  No  Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Amount of this Draw: [ ] Total Outstanding Balance: [ ]

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal 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: \_\_\_\_\_  
 What is the value of this collateral? [ ]  
 Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_  
 What is the estimated value? [ ]  
 A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: M M / D D / Y Y Y Y  
 City, State, Zip: \_\_\_\_\_

F. 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 Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. 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 Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

FROM INT-211-03

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

*Kristen Speels Committee*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
<i>N/A</i>	
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) .....	
2) TOTALS This Period (last page this line number only) .....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) .....	

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)  Kristen Spees Committee		Report Covering Period: From: 10 / 16 / 2014 To: 10 / 15 / 2014				
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A	Kristen Spees Committee			881.00	0	
B	Column Total Last Page Only.....			9206.00	0	
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	881.00	0	0	0
B	0	1700.00	10906.00	0	0	0
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	881.00	2626.42	0
B	0	0	0	10906.00	9718.48	0
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	1185.58	0	0
B	0	0	0	1185.58	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	1185.58	0	3812.00	2931	0	0
B	1185.58	0	10904.00	0	0	0
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	-304.58	2626.42			
B	0	9720.42	9718.42			

FORM 1042-10-2013

11001121 | 41111 | 1100111

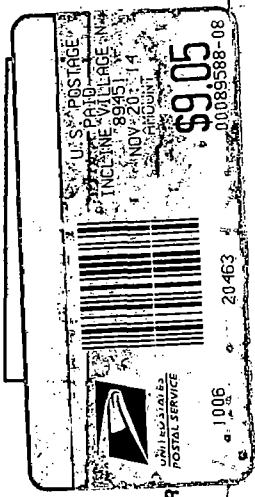
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From/Expéditeur:

Kriston Spegs  
PO BOX 3444  
Incline Village, NV  
89410

To/Destinataire:

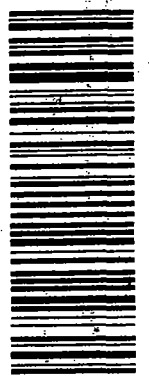
Federal Election Commission  
999 E St. NW  
Washington DC 20463

Country of Destination/Pays de destination:

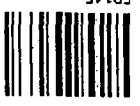
7013 3020 0002 3836 2893

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



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EP14F

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Federal Election Commission  
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 11/20/14
<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

*GAD*  
 PREPARER  
 (8/2013)

11/26/14  
 DATE PREPARED

2014-11-20 14:00:00