

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE
14 JUN 11 PM 3:05
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Stephen Shogan for Senate Committee

ADDRESS (number and street)

PO Box 370230

Check if different than previously reported. (ACC)

Denver

CO

80237

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C c00556530

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CO

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)

Termination Report (TER)

(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

MM/DD/YYYY 01/01/2014

through

MM/DD/YYYY 03/31/2014

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 LISA Chaiken

Signature of Treasurer

Lisa Chaiken

Date

MM/DD/YYYY 06/03/2014

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 3
(Revised 02/2003)

14020412218

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Stephen Shogan for Senate Committee

Report Covering the Period: From: / / To: / /

	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)) ..	5600.00	5600.00
(b) Total Contribution Refunds (from Line 20(d)) ..	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	5600.00	5600.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	45602.09	45602.09
(b) Total Offsets to Operating Expenditures (from Line 14)...	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	45602.09	45602.09
8. Cash on Hand at Close of Reporting Period (from Line 27)...	4997.91	
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)...	45000.00	

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

14020412219

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Stephen Shogan for Senate Committee

Report Covering the Period: From:

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
01		01		2014

 To:

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
03		31		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) ...

5600.00

5600.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions from individuals .

5600.00

5600.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

5600.00

5600.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

45000.00

45000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

45000.00

45000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

50600.00

50600.00

1402041220

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	45602.09	45602.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. 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 20(a), (b), and (c))...	0.00	0.00
21. OTHER DISBURSEMENTS ...	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45602.09	45602.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	50600.00
25. SUBTOTAL (add Line 23 and Line 24)...	50600.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	45602.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	4997.91

14020412221

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 12 11b 13a 11c 13b 11d 14 15
 PAGE 5 OF 11

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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial)
Dr. Richard Abrams

Mailing Address **55 Cherry Hills Farm Drive**

City State Zip Code
Englewood CO 80113

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

Name of Employer Occupation
self employed physician

Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : **SA11AI.4099**

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
Richard Bugdanowitz

Mailing Address **420 South Steele Street #27**

City State Zip Code
Denver CO 80209

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

Name of Employer Occupation
La Nouvelle Cleaners owner

Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : **SA11AI.4106**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
Sheila Bugdanowitz

Mailing Address **420 South Steele Street #27**

City State Zip Code
Denver CO 80209

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

Name of Employer Occupation
Rose Community Foundation Foundation CEO

Receipt For: 2014
 Primary General
 Other (specify) Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : **SA11AI.4108**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3000.00

1402041222

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

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NAME OF COMMITTEE (In Full)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) A. Cyndi Burnstein		Date of Receipt MM / DD / YYYY 03 / 29 / 2014
Mailing Address 10618 Jo Ann Lane		Transaction ID : SA11AI.4105
City Plymouth	State MI	Zip Code 48170
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1300.00	
Name of Employer retired	Occupation teacher	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) B. Mr. James Burnstein		Date of Receipt MM / DD / YYYY 03 / 29 / 2014
Mailing Address 10618 Jo Ann Lane		Transaction ID : SA11AI.4101
City Plymouth	State MI	Zip Code 48170
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1300.00	
Name of Employer self	Occupation screenwriter	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

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

SUBTOTAL of Receipts This Page (optional)	2600.00
TOTAL This Period (last page this line number only)	5600.00

1402041223

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 7 OF 11

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) Stephen Shogan		Date of Receipt MM / DD / YYYY 01 / 29 / 2014	
Mailing Address 55 Charlou Circle		Transaction ID : SA13A.4111	
City Englewood	State CO	Zip Code 80111	Amount of Each Receipt this Period 20000.00
FEC ID number of contributing federal political committee. C c00556530			
Name of Employer Colorado Neurosurgery	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 20000.00		

Full Name (Last, First, Middle Initial) Stephen Shogan		Date of Receipt MM / DD / YYYY 03 / 20 / 2014	
Mailing Address 55 Charlou Circle		Transaction ID : SA13A.4113	
City Englewood	State CO	Zip Code 80111	Amount of Each Receipt this Period 25000.00
FEC ID number of contributing federal political committee. C c00556530			
Name of Employer Colorado Neurosurgery	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 45000.00		

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

SUBTOTAL of Receipts This Page (optional)	45000.00
TOTAL This Period (last page this line number only)	45000.00

14020412224

**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 11

<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)

Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial)

A. Big Orange Planet

Date of Disbursement

M M	D D	Y Y Y Y
03	23	2014

Mailing Address 2401 15th Street
#30

Amount of Each Disbursement this Period

2750.00

City State Zip Code
Denver CO 80202

Purpose of Disbursement
webpage creation

001

Transaction ID : SB17.4121

Candidate Name

Stephen Shogan for Senate Committee

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify)

State: CO District:

Full Name (Last, First, Middle Initial)

B. Dash Valley Enterprises

Date of Disbursement

M M	D D	Y Y Y Y
03	21	2014

Mailing Address 466 Lorroway Dr.

Amount of Each Disbursement this Period

5000.00

City State Zip Code
Castle Rock CO 80104

Purpose of Disbursement
Campaign Management

001

Transaction ID : SB17.4118

Candidate Name

Stephen Shogan for Senate Committee

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify)

State: CO District:

Full Name (Last, First, Middle Initial)

C. North Woods Advertising

Date of Disbursement

M M	D D	Y Y Y Y
01	29	2014

Mailing Address PO Box 3817

Amount of Each Disbursement this Period

18750.00

City State Zip Code
Minneapolis MN 55403

Purpose of Disbursement
Strategic Communications Plan first bill

004

Transaction ID : SB17.4115

Candidate Name

Stephen Shogan for Senate Committee

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2014

Primary General
 Other (specify)

State: CO District:

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

26500.00

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

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1402041225

**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 11

<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)
Stephen Shogan for Senate Committee

Full Name (Last, First, Middle Initial) A. North Woods Advertising		Date of Disbursement
Mailing Address PO Box 3817		<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Minneapolis	State MN	Zip Code 55403
Purpose of Disbursement Travel to Denver	<input type="text" value="002"/>	Amount of Each Disbursement this Period <input type="text" value="602.09"/>
Candidate Name	Category/ Type	Transaction ID : SB17.4117
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. North Woods Advertising		Date of Disbursement
Mailing Address PO Box 3817		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Minneapolis	State MN	Zip Code 55403
Purpose of Disbursement strategic communications plan	<input type="text" value="004"/>	Amount of Each Disbursement this Period <input type="text" value="18500.00"/>
Candidate Name Stephen Shogan for Senate Committee	Category/ Type	Transaction ID : SB17.4123
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement	<input type="text"/>	Amount of Each Disbursement this Period <input type="text"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="19102.09"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="45602.09"/>

14020412226

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

Stephen Shogan for Senate Committee

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

[PERSONAL FUNDS]

Election: 2014

Stephen Shogan

Primary

General

Other (specify) ▼

Mailing Address
55 Charlow Circle

City State ZIP Code
Englewood CO 80111

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: 01 / 29 / 2014
Date Due: None
Interest Rate: 0.00 % (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:
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:

SUBTOTALS This Period This Page (optional)...

20000.00

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.

14020412227

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Stephen Shogan for Senate Committee** Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Stephen Shogan
 Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 55 Charlou Circle

City State ZIP Code
 Englewood CO 80111

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred: M 03 / D 20 / Y 2014
 Date Due: *none*
 Interest Rate: 000 % (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: []
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: []

SUBTOTALS This Period This Page (optional)...	25000.00
TOTALS This Period (last page in this line only)...	45000.00

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

14020412228

PRESS FIRMLY TO SEAL

PRIORITY ★ MAIL ★ EXPRESS

OUR FASTEST SERVICE

PRESS FIRMLY TO SEAL

U.S. POSTAGE
PAID
ENGLEWOOD, CO
80112
JUN 07, 14
AMOUNT

\$19.99
00043733-04



1007



MAILING LABEL HERE



CUSTOMER USE ONLY
FROM: (PLEASE PRINT) _____ PHONE () _____

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)
 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service; If the box is not checked, the Postal Service will leave the item in the addressee's mailbox. Please consider secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
 *Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT) _____ PHONE () _____

ZIP + 4® (U.S. SES ONLY) _____

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)
 1-Day
 2-Day
 Military
 DPO
 PO ZIP Code _____ Scheduled Delivery Date (MM/DD/YY) _____

DELIVERY (POSTAL SERVICE USE ONLY)
 Date Accepted (MM/DD/YY) _____ Time Accepted _____
 10:30 AM
 12 NOON
 10:30 AM Delivery
 AM
 PM
 Weight _____ Flat Rate \$ _____
 Acceptance Employee Initials _____

DELIVERY (POSTAL SERVICE USE ONLY)
 Delivery Attempt (MM/DD/YY) _____ Time _____ Employee Signature _____
 Delivery Attempt (MM/DD/YY) _____ Time _____ Employee Signature _____

PSN 7890-02-000-9995
 LABEL 118 JANUARY 2014
 3-ADDRESSEE COPY

WHEN USED INTERNATIONALLY
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED



EPI3F July 2013 OD: 12.5 X



PS 10001000000

ORDER FREE SUPPLIES ONLINE



UNITED STATES
POSTAL SERVICE

NANCY ERICKSON
SECRETARY

ANA K. MCCALLUM
SUPERINTENDENT

MAIL STATE OFFICE B1
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0222

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 6-7-14 _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL **x**

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

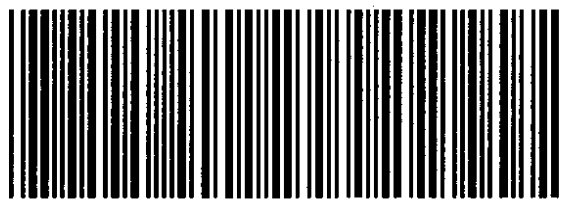
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

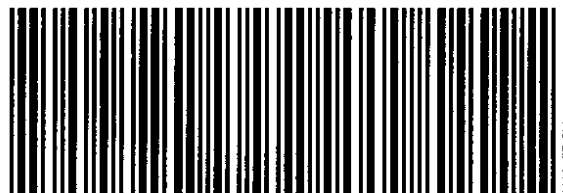
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 6-11-14

14020412230



SEN PATCH



SEN PATCH

14020412231