

Federal Election Commission
999 E Street NW
Washington DC 20463

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2014 JUL 17 AM 11:11

FEC MAIL CENTER

best effort -

7/16/2017

Greetings: my on-line banking data
was received at 6pm on the 15th
I do not know if that is an adequate
excuse I hope so

Doug Mulholland

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

MILHOLLAND FOR CONGRESS

ADDRESS (number and street)

343 35th Street

Check if different than previously reported. (ACC)

PORT TOWNSEND WA 98368-1509

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

000564104

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)



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

MM/DD/YYYY

MM/DD/YYYY

in the State of

State

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State

5. Covering Period

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

through

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

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 Milholland

Signature of Treasurer

Douglas Milholland

Date

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

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)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY

To:

MM / DD / YYYY

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))

8,688

8,688

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

8,688

8,688

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

5,486.86

5,486.86

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

5,486.86

5,486.86

8. Cash on Hand at Close of
Reporting Period (from Line 27)

7,585.23

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

5,000

For further information contact:

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

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

NONDISCRIMINATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Miholland For Congress

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
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)) ..

550

618

1168

800

6720

8688

550

618

1168

800

6720

8688

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

13. LOANS:

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

5000

5000

5000

5000

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

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

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

13688

13688

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	610277	610277
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. 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 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	610277	610277

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13688
25. SUBTOTAL (add Line 23 and Line 24).....	13688
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	610277
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	758523

**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 1 OF 3

<input 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

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)

Milholland for Congress

Full Name (Last, First, Middle Initial)

A. KMAS radio

Mailing Address 210 W Cota ST

City Shelton State WA Zip Code 98584

Purpose of Disbursement radio ad

Candidate Name Douglas Milholland

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

State: District:

Date of Disbursement

06 30 2014

Amount of Each Disbursement this Period

448-

004

Category/Type

Full Name (Last, First, Middle Initial)

B. 1 ink

Mailing Address 2850 N California ST

City Burbank State CA Zip Code 91504

Purpose of Disbursement printer ink

Candidate Name Doug Milholland

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

State: District:

Date of Disbursement

06 18 2014

Amount of Each Disbursement this Period

225.37

001

Category/Type

Full Name (Last, First, Middle Initial)

C. Douglas Milholland

Mailing Address 343 35th ST

City Port Townsend State WA Zip Code 98368

Purpose of Disbursement fee to enter race

Candidate Name Doug Milholland

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

State: District:

Date of Disbursement

05 05 2014

Amount of Each Disbursement this Period

1720

001

Category/Type

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

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 **2** OF **3**

<input 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)

Milholland for Congress

Full Name (Last, First, Middle Initial)

A. Thunderbull

Mailing Address

1829 Lincoln

City

Port Townsend

State

WA

Zip Code

98368

Purpose of Disbursement

Campaign Kickoff

Candidate Name

Douglas Milholland

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

06 26 2014

Amount of Each Disbursement this Period

2000-

007

Category/
Type

Full Name (Last, First, Middle Initial)

B. Jefferson County Leader

Mailing Address

226 Adams WA

City

Port Townsend

State

WA

Zip Code

98368

Purpose of Disbursement

ad

Candidate Name

Douglas Milholland

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

06 30 2014

Amount of Each Disbursement this Period

495-

004

Category/
Type

Full Name (Last, First, Middle Initial)

C. Duntory

Mailing Address

625 Tyler

City

Port Townsend

State

WA

Zip Code

98368

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

06 03 2014

Amount of Each Disbursement this Period

63.49

004

Category/
Type

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

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)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Milholland for Congress

A. Daniel Milholland

Full Name (Last, First, Middle Initial)

Mailing Address: **1829 Lincoln**

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: **06 / 09 / 2014**

Amount of Each Disbursement this Period: **500-**

Category/Type: **003**

B. Chen Pollina

Full Name (Last, First, Middle Initial)

Mailing Address: **1829 Lincoln**

City: **Port Townsend WA** State: **WA** Zip Code: **98368**

Purpose of Disbursement: **website**

Candidate Name: **Douglas Milholland**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: **06 / 09 / 2014**

Amount of Each Disbursement this Period: **500-**

Category/Type: **001**

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)

TOTAL This Period (last page this line number only)

1-800-4-FED-COMMISSION

**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 1 OF 2
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
		<input type="checkbox"/> 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)
Milholland for Congress

A. Full Name (Last, First, Middle Initial)
Peter Bonyun

Mailing Address
990 22nd Street

City *Port Townsend* State *WA* Zip Code *98368*

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

Name of Employer *retired* Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
06 28 2014

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Lawrence Lawson

Mailing Address
10140 Oak Bay Rd

City *Port Ludlow* State *WA* Zip Code *98365*

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

Name of Employer Occupation *retired*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.-

Date of Receipt
06 28 2014

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Carla J Main

Mailing Address
2260 Seaview Drive

City *Port Townsend* State *WA* Zip Code *98368*

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

Name of Employer Occupation *retired*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
100.-

Date of Receipt
06 28 2014

Amount of Each Receipt this Period
100.-

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

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

300.-

FORM 1000-10-2008

**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 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"/> 15

PAGE **2** OF **2**

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)
Micholland for Congress

Full Name (Last, First, Middle Initial)
A. Michael J Phimister

Mailing Address
1710 Cleveland Street

City State Zip Code
Port Townsend WA 98368

FEC ID number of contributing federal political committee.
0

Name of Employer Occupation
retired

Receipt For: Primary General
 Other (specify)
Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2014

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Mayadelle Etig

Mailing Address
510 56th St

City State Zip Code
Port Townsend WA 98368

FEC ID number of contributing federal political committee.
0

Name of Employer Occupation
retired

Receipt For: Primary General
 Other (specify)
Election Cycle-to-Date
100.-

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2014

Amount of Each Receipt this Period
100.-

Full Name (Last, First, Middle Initial)
c. Nelson Cone

Mailing Address
52 Hanasula Lane

City State Zip Code
Port Angeles WA 98362

FEC ID number of contributing federal political committee.
0

Name of Employer Occupation
retired

Receipt For: Primary General
 Other (specify)
Election Cycle-to-Date
50.-

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2014

Amount of Each Receipt this Period
50.-

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

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

250.-

FORM 1000-00000

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)
Douglas L Milholland

Mailing Address
343 35th

Election:
 Primary
 General
 Other (specify) ▼

City State ZIP Code
Port Townsend WA 98368

Original Amount of Loan <i>5000-</i>	Cumulative Payment To Date <i>0</i>	Balance Outstanding at Close of This Period <i>5000</i>
---	--	--

TERMS

Date Incurred <i>06 20 2014</i>	Date Due <i>08 20 2014</i>	Interest Rate <i>0</i> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	-------------------------------	-----------------------------------	--

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <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).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

12011101101010

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) <i>Milholland for Congress</i>		Report Covering Period: From: <i>04 01 2014</i> To: <i>06 30 2014</i>				
Committee Name <i>Milholland for Congress</i>		(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		<i>1168</i>	<i>800</i>			
B	Column Total Last Page Only.....	<i>1168</i>	<i>800</i>			
	(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		<i>6720</i>				
B		<i>6720</i>	<i>8688</i>		<i>5000</i>	
	(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						
B	<i>5000</i>			<i>13688</i>	<i>6102.77</i>	
	(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						
B						
	(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						
B			<i>6102.77</i>	<i>0</i>	<i>7585.23</i>	
	(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						
B	<i>5000</i>	<i>8688</i>	<i>5486.86</i>			

LINDA HANCOCK

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PHONE (360) 385-6525
*Doug Mitholland
343 35th
Port Townsend WA 98368

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED
The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases Return Receipt 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 mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ()
Federal Election Commission
999 E Street NW
Washington DC 20463

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

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U.S. POSTAGE
PAID
PORT ANGELES, WA
98362
JUL 16 2014
AMOUNT
\$19.99
00085880-09



1007



EKDJ18944650US

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★ MAIL ★
EXPRESS™**



**PRIORITY
★ MAIL ★
EXPRESS™**

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)		Post Office To Addressee	
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 98362	Scheduled Delivery Date (MM/DD/YY) 071714	Postage \$ 19.99	Insurance Fee \$
Date Accepted (MM/DD/YY) 071614	Scheduled Delivery Time 17:00	Return Receipt Fee \$	COO Fee \$
Time Accepted 10:54 AM	<input type="checkbox"/> Loss Guarantee Only	Total Postage & Fees \$ 19.99	Acceptance Employee Initials JH
Weight ozs.	<input type="checkbox"/> Live Shipment	Employee Signature	
Flat Rate <input checked="" type="checkbox"/>	<input type="checkbox"/> Sunday/Holiday Premium	Employee Signature	
lbs.	Time Delivery Attempt (MM/DD/YY)	Employee Signature	
ozs.	Time Delivery Attempt (MM/DD/YY)	Employee Signature	

LABEL 11-B, JULY 2013 PSN 7690-02-000-8998 3-ADDRESSEE COPY

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/16/14
<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


PREPARER

7/17/14
DATE PREPARED

1403137-0223