FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
11 OCT 14 PM 4:50
Office Use Only

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

Roxanne Conlin for Senate

ADDRESS (number and street) ▼ PO Box 876

☐ Check if different than previously reported. (ACC)

CITY ▲ Des Moines — STATE ▲ IA — ZIP CODE ▲ 50304 -

2. FEC IDENTIFICATION NUMBER ▼ C C00470153

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

STATE ▼ IA — DISTRICT 00

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 07 / 01 / 2011 through 09 / 30 / 2011

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 Cyril Ann Mandelbaum

Signature of Treasurer *Cyril Ann Mandelbaum* Cyril Ann Mandelbaum Date 10 / 13 / 2011

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)

FE5AN018

11020392307

FEC **Form 3** (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Roxanne Conlin for Senate

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 2011

	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))	0.00	9148.88
(b) Total Contribution Refunds (from Line 20(d))	0.00	50.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	9098.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2161.74	135839.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	3571.60	52389.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	-1409.86	83450.88
8. Cash on Hand at Close of Reporting Period (from Line 27).....	34256.17	
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).....	500000.00	

For further information contact:

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

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

11020392308

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)

Write or Type Committee Name

Roxanne Conlin for Senate

Report Covering the Period: From: 07 / 01 / 2011 To: 09 / 30 / 2011

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)	0.00	3500.00
(ii) Unitemized	0.00	3144.27
(iii) TOTAL of contributions from individuals ▶	0.00	6644.27
(b) Political Party Committees	0.00	300.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	2204.61
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	9148.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	3571.60	52389.09
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	200.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	3571.60	61737.97

11020392309

FE5AN018

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	2161.74	135839.97
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	50.00
(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	50.00
21. OTHER DISBURSEMENTS	0.00	500.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2161.74	136389.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	32846.31
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	3571.60
25. SUBTOTAL (add Line 23 and Line 24)	36417.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	2161.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	34256.17

11020392310

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

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)
Roxanne Conlin for Senate

A.
Full Name (Last, First, Middle Initial): Daniel McClung
Mailing Address: 7614 Camelot Dr, Apt 357
City: Urbandale | State: IA | Zip Code: 50322-4557
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2011
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2694.70
Date of Receipt: 07 / 11 / 2011
Transaction ID : C2359412
Amount of Each Receipt this Period: 336.90
Health Insurance

B.
Full Name (Last, First, Middle Initial): JMB Insurance Agency
Mailing Address: 900 N Michigan Ave, Ste 1500
City: Chicago | State: IL | Zip Code: 60611-6541
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2011
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2224.00
Date of Receipt: 08 / 02 / 2011
Transaction ID : C2359416
Amount of Each Receipt this Period: 2224.00
Insurance

C.
Full Name (Last, First, Middle Initial): Sonni Giudicessi
Mailing Address: 2508 33rd St
City: Des Moines | State: IA | Zip Code: 50310-5105
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2011
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 1684.50
Date of Receipt: 07 / 11 / 2011
Transaction ID : C2359413
Amount of Each Receipt this Period: 336.90
Health Insurance

SUBTOTAL of Receipts This Page (optional) 2897.80

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

11020392311

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

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NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

A.
Full Name (Last, First, Middle Initial): Sonni Giudicessi
Mailing Address: 2508 33rd St
City: Des Moines | State: IA | Zip Code: 50310-5105
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2011 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 1684.50
Date of Receipt: 08 / 02 / 2011
Transaction ID : C2359415
Amount of Each Receipt this Period: 336.90
Health Insurance

B.
Full Name (Last, First, Middle Initial): Sonni Giudicessi
Mailing Address: 2508 33rd St
City: Des Moines | State: IA | Zip Code: 50310-5105
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2011 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 1684.50
Date of Receipt: 09 / 29 / 2011
Transaction ID : C2373837
Amount of Each Receipt this Period: 336.90
Health Insurance

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)
Election Cycle-to-Date:
Date of Receipt: / /
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) 673.80

TOTAL This Period (last page this line number only) 3571.60

11020392312

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

A. Full Name (Last, First, Middle Initial): Jennifer Fiihr
Mailing Address: 4110 Forest Ave
City: Des Moines State: IA Zip Code: 50311-2539
Purpose of Disbursement: Payroll Processing Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 16 / 2011
Amount of Each Disbursement this Period: 300.00
Transaction ID : D161909

B. Full Name (Last, First, Middle Initial): Perkins Coie
Mailing Address: 1201 3rd Ave Fl 40
City: Seattle State: WA Zip Code: 98101-3029
Purpose of Disbursement: Legal Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 12 / 2011
Amount of Each Disbursement this Period: 118.60
Transaction ID : D161902

C. Full Name (Last, First, Middle Initial): The Packaging Store
Mailing Address: 3200 Ingersoll Ave
City: Des Moines State: IA Zip Code: 50312-3917
Purpose of Disbursement: Shipping
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 13 / 2011
Amount of Each Disbursement this Period: 71.54
Transaction ID : D161903

SUBTOTAL of Disbursements This Page (optional) 490.14

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

11020392313

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

A.
Full Name (Last, First, Middle Initial): Wellmark
Mailing Address: PO Box 10353
City: Des Moines State: IA Zip Code: 50306
Purpose of Disbursement: Health Insurance
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 08 / 02 / 2011
Amount of Each Disbursement this Period: 756.30
Transaction ID : D161906

B.
Full Name (Last, First, Middle Initial): Wellmark
Mailing Address: PO Box 10353
City: Des Moines State: IA Zip Code: 50306
Purpose of Disbursement: Health Insurance
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 08 / 31 / 2011
Amount of Each Disbursement this Period: 756.30
Transaction ID : D161907

C.
Full Name (Last, First, Middle Initial): West Bank
Mailing Address: PO Box 65020
City: West Des Moines State: IA Zip Code: 50265-0020
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 07 / 29 / 2011
Amount of Each Disbursement this Period: 53.00
Transaction ID : D161915

SUBTOTAL of Disbursements This Page (optional) 1565.60

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

11020392314

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)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

A.
Full Name (Last, First, Middle Initial): West Bank
Mailing Address: PO Box 65020
City: West Des Moines State: IA Zip Code: 50265-0020
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 08 / 31 / 2011
Amount of Each Disbursement this Period: 53.00
Transaction ID : D161916

B.
Full Name (Last, First, Middle Initial): West Bank
Mailing Address: PO Box 65020
City: West Des Moines State: IA Zip Code: 50265-0020
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2011
Amount of Each Disbursement this Period: 53.00
Transaction ID : D161919

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) 106.00

TOTAL This Period (last page this line number only) 2161.74

11020392315

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

Transaction ID : L313

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Roxanne Conlin PERS FUNDS

Election: 2010
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
PO Box 876

City	State	ZIP Code
Des Moines	IA	50304-0876

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
03 / 30 / 2010	12/31/2010	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 250000.00

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.

11020392316

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
- [x] 13b

NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

Transaction ID : L320

LOAN SOURCE Full Name (Last, First, Middle Initial) ***[PERSONAL FUNDS]***

Roxanne Conlin PERS FUNDS

Mailing Address
PO Box 876

Election: 2010
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

City	State	ZIP Code
Des Moines	IA	50304-0876

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
01 / 13 / 2010	12/31/2010	0.00 % (apr)	[ ] Yes [x] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 0.00

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.

11020392317

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10
Transaction ID : L320

The candidate obtained a letter of credit from West Bank to Qwest and personally guaranteed the telephone bills in lieu of paying a deposit.

Form/Schedule:
Transaction ID:

11020392318

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
Roxanne Conlin for Senate

Transaction ID : L424

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
Roxanne Conlin PERS FUNDS

Election: 2010
[ ] Primary
[X] General
[ ] Other (specify) ▼

Mailing Address
PO Box 876

City	State	ZIP Code
Des Moines	IA	50304-0876

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 / D D 29 / Y Y Y Y 2010	M M / D D / Y Y Y Y 12/31/2010	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 250000.00

TOTALS This Period (last page in this line only) ▶ 500000.00

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

11020392319

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

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

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10.14.11
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	☐
UPS	_____	☐
DHL	_____	☐
AIRBORNE EXPRESS	_____	☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10.14.11

11020392320

1102039232 1