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Federal Election Committee
999 E. Street, NW
Washington, DC 20463


To Whom It May Concern:

Enclosed please find the July Quarterly Report for Massachusetts Blue PAC of Blue Cross Blue Shield of Massachusetts.

If you have any questions or concerns, please do not hesitate to contact me directly at 617-246-3359 or at massachusettsbluepac@yahoo.com

Thank you.

Very truly yours,



Deirdre Savage
Treasurer
Massachusetts Blue PAC
FEC ID# C00523217

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
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Office Use Only

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

Massachusetts Blue PAC of Blue Cross
Blue Shield of Massachusetts

ADDRESS (number and street) 101 Huntington Ave
SUITE 1300
BOSTON MA 02199-7411

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00523217

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

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:
April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On:
Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
Convention (12C)
General (12G)
Special (12S)
Runoff (12R)

Election on [] in the State of []

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on [] in the State of []

5. Covering Period 04/01/2018 through 04/30/2018

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 Deirdre W Savage

Signature of Treasurer [Signature] Date 04/30/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Mammoth Blue Pac of Bobena

Report Covering the Period: From:

04 '01 '2018

To:

06 '20 '18

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2018</i>	<i>8191.07</i>	<i>8191.07</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>8095.07</i>	
(c) Total Receipts (from Line 19).....	<i>700.00</i>	<i>700.00</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>15095.07</i>	<i>15095.07</i>
7. Total Disbursements (from Line 31).....	<i>13098.-</i>	<i>13192.00</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>1990.7</i>	<i>1999.07</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>-</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<i>-</i>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Massachusetts Blue Pae N. G. Byrne

Report Covering the Period: From:

04 01 2018

To:

06 30 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	<i>2800 -</i>	<i>2800 -</i>
(ii) Unitemized	<i>4200 -</i>	<i>4200 -</i>
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	<i>7000.00</i>	<i>7000 -</i>
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	<i>7000.00</i>	<i>7000 -</i>
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	<i>7000 -</i>	<i>7000 -</i>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	<i>7000 -</i>	<i>7000 -</i>

NON-REVENUE

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	96 -	192 -
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	96 -	192 -
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	13,000 -	13,000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. 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 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13,096 -	13,192 -
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	13,096 -	13,192 -

NOTED BY THE BOARD

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13,000 -	13,000 -
34. Total Contribution Refunds (from Line 28(d))'		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	90 -	192 -
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90 -	192 -

NON-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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) <i>Blue Cross Policy Shield of MA Inc</i>			
A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <i>Dreyfus, Andrew</i>		Date of Receipt <i>06/27/2017</i>	
Mailing Address <i>62 Otis St</i>		Amount of Each Receipt this Period <i>900.00</i>	
City <i>Newton</i>	State <i>MA</i>	Zip Code <i>02460</i>	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <i>C00523217</i>		Name of Employer (for Individual) <i>OCOSMA</i>	
Occupation (for Individual) <i>Ins</i>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼			
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <i>Purdy, Dorothy</i>		Date of Receipt <i>06/16/2017</i>	
Mailing Address <i>77 Exeter St. #</i>		Amount of Each Receipt this Period <i>300.00</i>	
City <i>Boston</i>	State <i>MA</i>	Zip Code <i>02116</i>	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <i>C00523217</i>		Name of Employer (for Individual) <i>Marlboro</i>	
Occupation (for Individual) <i>HOsp</i>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼			
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <i>Colligan, Patricia</i>		Date of Receipt <i>07/11/2017</i>	
Mailing Address <i>12 Wampanoag Dr</i>		Amount of Each Receipt this Period <i>3.00.00</i>	
City <i>Acton</i>	State <i>MA</i>	Zip Code <i>01720</i>	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <i>C00523217</i>		Name of Employer (for Individual) <i>Sebena</i>	
Occupation (for Individual) <i>Ins</i>		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional).....		<i>1,900.00</i>	
TOTAL This Period (last page this line number only).....		<i>2800</i>	

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

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

FOR LINE NUMBER: PAGE 2 OF

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

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NAME OF COMMITTEE (In Full)

Blue Cross Blue Shield of MA Pac

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lorell, Stephanie

Mailing Address
5 Lila Rd

City
Jamaica Plain State
Ma Zip Code
02130

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual)
BCBSMA Occupation (for Individual)
Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 06 11 2016

Amount of Each Receipt this Period
 Memo Item
 300.00

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Connell, Matthew

Mailing Address
42 Shallow Pond Ln

City
Plymouth State
Ma Zip Code
02360

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual)
BCBSMA Occupation (for Individual)
Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 07 11 2016

Amount of Each Receipt this Period
 Memo Item
 300.00

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Santangelo, Andrea

Mailing Address
150 River St

City
Middleton State
Ma Zip Code
01949

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual)
BCBSMA Occupation (for Individual)
Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 08 24 2016

Amount of Each Receipt this Period
 Memo Item
 300.00

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

900.00

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

2800.00

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

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

FOR LINE NUMBER: PAGE 3 OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of MA PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burke, Raymond

Mailing Address
16 Water St

City
Roxbury State
MA Zip Code
02184

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual)
BCBSMA Occupation (for Individual)
Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 / 02 / 2011

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hartman, Catherine

Mailing Address
22 Jones St

City
Hingham State
MA Zip Code
02043

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual)
BCBSMA Occupation (for Individual)
Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
07 / 02 / 2011

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Centrella, Anthony

Mailing Address
23 School St

City
Hopkinton State
MA Zip Code
01748

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual)
BCBSMA Occupation (for Individual)
Ins

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
04 / 12 / 2011

Amount of Each Receipt this Period
50.00

Memo Item

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

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

200.00

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Blue Cross Blue Shield of MA Inc

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Savery, Donald

Mailing Address
66 Core St

City Duxbury State ma Zip Code 02332

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual) BCBSMA Occupation (for Individual) Ins

Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date

Date of Receipt
09/12/2018

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wash, Bruce

Mailing Address
308 Ridge Rd

City Shaftsbury State VT Zip Code 05202

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual) BCBSMA Occupation (for Individual) Ins

Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date

Date of Receipt
09/11/2018

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Painchaud, Brett

Mailing Address
22 Dartmouth Rd

City Melrose State ma Zip Code 02176

FEC ID number of contributing federal political committee.
C00523217

Name of Employer (for Individual) BCBSMA Occupation (for Individual) Ins

Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date

Date of Receipt
09/11/2018

Amount of Each Receipt this Period
50.00

Memo Item

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

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

150.00

28.00

20180914 10:00 AM

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

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

FOR LINE NUMBER: PAGE 5 OF 5
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full) Blue Cross Blue Shield of MA Inc

A. Full Name of Individual (Last, First, Middle, Initial) or Full Organization Name
Arzuda, Kenneth
 Mailing Address 529 Columbus Ave #5
 City Boston State MA Zip Code 02118
 FEC ID number of contributing federal political committee. C 00523217
 Name of Employer (for Individual) Berman Occupation (for Individual) Ins
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt 01/16/2017
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Full Name of Individual (Last, First, Middle, Initial) or Full Organization Name
Syroi, Susan
 Mailing Address 331 Main St
 City Winchester State MA Zip Code 01890
 FEC ID number of contributing federal political committee. C 00523217
 Name of Employer (for Individual) Berman Occupation (for Individual) Ins
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt 01/16/2017
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Full Name of Individual (Last, First, Middle, Initial) or Full Organization Name
Doherty, Deborah
 Mailing Address 171 Swanton St.
 City Winchester State MA Zip Code 01890
 FEC ID number of contributing federal political committee. C 00523217
 Name of Employer (for Individual) Berman Occupation (for Individual) Ins
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date

Date of Receipt 01/11/2017
 Amount of Each Receipt this Period 50.00
 Memo Item

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

150.00
280.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Massachusetts Blue Pac of BC Byrne

A. Full Name (Last, First, Middle Initial) *Bank of America*

Mailing Address *505 Washn St*

City *Weymouth* State *MA* Zip Code *00188*

Purpose of Disbursement *Bank Fees*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *07/15/16*

FEC Identification Number *000194746*

Amount of Each Disbursement this Period *96-*

Memo Item

B. Full Name (Last, First, Middle Initial) *Blue Pac*

Mailing Address *1310 B St.*

City *Washn DC* State _____ Zip Code *20005*

Purpose of Disbursement *Contributions*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *07/20/16*

FEC Identification Number *000194746*

Amount of Each Disbursement this Period *11,000.00*

Memo Item

C. Full Name (Last, First, Middle Initial) *Bill Keating Committee*

Mailing Address *P.O. Box 3065*

City *Buzzards Bay* State *MA* Zip Code *02532*

Purpose of Disbursement *Contributions*

Candidate Name *Bill Keating*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement *07/03/2018*

FEC Identification Number *C*

Amount of Each Disbursement this Period *1000.00*

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ *12,096*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 2 OF 2
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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)
Northern Blue Pac N BCBSMA

A.

Full Name (Last, First, Middle Initial)
Neal for Congress

Date of Disbursement
05/30/2018

Mailing Address
415 NJ Avenue, SE

City
Suite 1 Wash DC State
DC Zip Code
20003

Purpose of Disbursement
Contributor

Candidate Name
Richard Neal

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

State: _____ District: _____

FEC Identification Number
C

Amount of Each Disbursement this Period
1000-

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: _____ District: _____

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: _____ District: _____

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... *1000-*

TOTAL This Period (last page this line number only)..... *13090-*

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 checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 5/29/19	6/10/19
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<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

EA

PREPARER
(3/2015)

6/10/19

DATE PREPARED

FILING NUMBER AND DATE OF FILING