

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
FEB 12 2014

14 FEB -3 PM 2:49

Office Use Only

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

TURNER FOR NEW YORK

ADDRESS (number and street) PO BOX 140016

Check if different than previously reported. (ACC)

HOWARD BEACH

NY 11414

2. FEC IDENTIFICATION NUMBER ▼

C C00499244

CITY ▲ STATE ▲ ZIP CODE ▲
STATE ▼ DISTRICT
3. IS THIS REPORT X NEW (N) OR AMENDED (A)
NY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- X 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 in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2013 through 12 31 2013

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 Kevin Turner

Signature of Treasurer

Kevin Turner

Date

01 27 2014

2/29/2014

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									
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FEC FORM 3
(Revised 02/2003)

14020092369

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TURNER FOR NEW YORK

Report Covering the Period: From: 10 01 2013 To: 12 31 2013

	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	749255.93
(b) Total Contribution Refunds (from Line 20(d))	0.00	34000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	715255.93
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	871456.02
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	3125.09
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	868330.93
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	153075.00	

For further information contact:

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

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

14020092370

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 13

Write or Type Committee Name

TURNER FOR NEW YORK

Report Covering the Period: From: 10 01 2013 To: 12 31 2013

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	504219.00
(ii) Unitemized	0.00	150944.61
(iii) TOTAL of contributions from individuals	0.00	655163.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	94092.32
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	749255.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	172500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	172500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	3125.09
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).....	0.00	924881.02

14020092371

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	871456.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	19425.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	19425.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	34000.00
(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	34000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	924881.02

III. CASH SUMMARY

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

14020092372

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)
TURNER FOR NEW YORK

Transaction ID : SC/10.5684

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	4425.00	15575.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
07	20 2011	12/31/11	0.00 % (apr)	Yes <input checked="" 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:
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)..... ▶ 15575.00

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.

14020092373

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : **SC/10.5685**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** *[PERSONAL FUNDS]* Election: 2011
 Mailing Address PO BOX 140016 Primary
 General
 Other (specify) ▼
 Special-General

City State ZIP Code
 HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 07 31 2011 12/31/11 0.00 % (apr) 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).....	▶	15000.00
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.		

14020092374

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) **TURNER FOR NEW YORK** Transaction ID : **SC/10.5686**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12500.00	0.00	12500.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
08 15 2011	12/31/11	0.00 % (apr)	<input checked="" 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:
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)..... ▶	12500.00
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.

14020092375

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)
TURNER FOR NEW YORK

Transaction ID : **SC/10.5687**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2011 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
08	20 2011	12/31/11	0.00 % (apr)	Yes <input checked="" 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:
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)..... ▶	3000.00
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.

14020092376

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) **TURNER FOR NEW YORK** Transaction ID : **SC/10.11215**

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2012
 Primary
Mailing Address PO BOX 140016 General
Other (specify) ▼

City State ZIP Code
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
05 31 2012	12/31/12	0.00 % (apr)	<input checked="" 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:
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)..... ► 30000.00

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.

14020092377

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)
TURNER FOR NEW YORK

Transaction ID : **SC/10.11479**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
07	29 2012	12/31/12	0.00 % (apr)	Yes <input checked="" 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:
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)..... ▶	30000.00
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.

14020092378

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)
TURNER FOR NEW YORK

Transaction ID : **SC/10.11478**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
08	26 2012	12/31/12	0.00 % (apr)	<input checked="" 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:
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.

14020092379

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) **TURNER FOR NEW YORK** Transaction ID : SC/10.11469

LOAN SOURCE Full Name (Last, First, Middle Initial) **ROBERT L TURNER** [PERSONAL FUNDS] Election: 2012
 Primary
General
Other (specify) ▼

Mailing Address
PO BOX 140016

City State ZIP Code
HOWARD BEACH NY 11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21000.00	0.00	21000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
09	26 2012	12/31/12	0.00 % (apr)	Yes <input checked="" 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:
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) ▶ 21000.00

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.

14020092380

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TURNER FOR NEW YORK** Transaction ID : **SC/10.11470**

LOAN SOURCE Full Name (Last, First, Middle Initial) ROBERT L TURNER	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary General Other (specify) ▼
Mailing Address PO BOX 140016		

City	State	ZIP Code
HOWARD BEACH	NY	11414

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
09	26	2012	12/31/12	0.00 % (apr)
				Yes <input checked="" 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:
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)..... ▶	6000.00
TOTALS This Period (last page in this line only) ▶	153075.00

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

14020092381

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Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
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SECRETARY OF THE SENATE
 BY THE SENATE POST OFFICE
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 WASHINGTON, DC 20540-1300
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 WASHINGTON, DC 20540-1300

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11418	1/30/14	1/29/14	3:00 PM	\$ 19.99	\$
Time Accepted	Weight	Time	Loss Guarantee Only	Return Receipt Fee	COO Fee
10:36 AM	lbs. ozs.	10:36 AM	<input type="checkbox"/>	\$	\$
<input type="checkbox"/> Live Shipment	<input type="checkbox"/> Sunday/Holiday Premium	Employee Signature	Acceptance Employee Initials	Total Postage & Fees	
<input type="checkbox"/>	<input type="checkbox"/>			\$ 19.99	
DELIVERY (POSTAL SERVICE USE ONLY)					
Delivery Attempts (MM/DD/YYYY)	Time	Employee Signature			
1/30/14	AM				
Delivery Attempts (MM/DD/YYYY)	Time	Employee Signature			
1/30/14	AM				

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JAN 30 2014 9 5



UNITED STATES POSTAL SERVICE

UNITED STATES POSTAL SERVICE

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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:

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Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark **1/30/14**

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE
FEDERAL EXPRESS	_____
UPS	_____
DHL	_____
AIRBORNE EXPRESS	_____

NEXT BUSINESS DAY DELIVERY

-
-
-
-

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

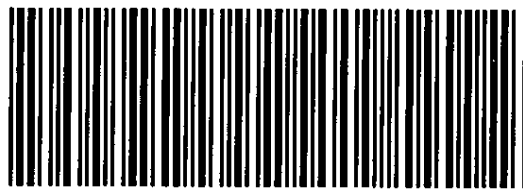
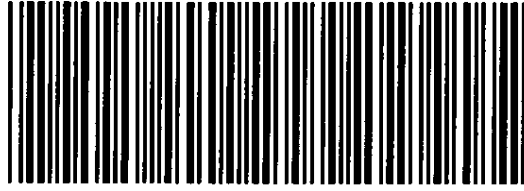
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 2/13/14

14020092383



14020092384