2016-11-10-05-00-18424

REPORT OF RECEIPTS

. 00	CONTRACTOR OF CO
2016 NOV	10 AM 10: 01
	Office Use Only

FORM :	3X		DISBI Than An			S 201	19 NOA 1): 0 ce Use Only	
1. NAME OF COMMITTE	E (in full)	TYPE OR	PRINT ▼		ample: If ty er the lines.		12F	E4M5		
Singli	e Snu	bject	Ame	ndme	nt			· · · · · · · · · · · · · · · · · · ·	 -	
than pr	if different eviously	2,6,7		 		ld Su	ite		.: ·:	
•	d. (ACC)		,/,a,h,a,	S _I I ₁ e ₁ e ₄	-		STATE	-	23,0,3 ZIP CO	ODE A
C 0.0	5 426	,96		3. IS THIS REPORT		NEW (N) O	R 🛮	AMENE (A)	DED	
4. TYPE OF (Choose On (a) Quarter			nthly port e On:	Feb 20 (M2 Mar 20 (M3	F	May 20 (M	ب ن	Λug 20 (l	اسا ا	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Ju ou	oril 15 uarterly Report ly 15 uarterly Report ctober 15 uarterly Report	(Q2)	12-Day PRE-Election Report for t	,,,,,,	Primary (1 Convention			Oct 20 (Menoral (12G)	· 0	Jan 31 (YE) Runoff (12R)
Ja Ye	nuary 31 ar-End Report ly 31 Mid-Year	(YE)	30-Day	Election on		′	/ [- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	in the State	1 1
Ye Te	eport (Non-electer Only) (MY) rmination Represent	tion	POST-Elect Report for t		General (3	/ [F F F	RU	unoff (30R)	in the State	1 1
5. Covering Pe	eriod	14 6	1/20	1.6	through	Ö	6 3	0 2	20.1.6	
I certify that I hat Type or Print Na		this Report	and to the be	est of my kn	owledge and Web	belief it is	true, corre	ect and cor	mplete.	
Signature of Tre	asurer	us	well	9			Date	77	0,2	2016
		oneous, or inc	complete infor	mation may s	subject the p	erson signin	g this Repo	ort to the pe	enalties of 5	2 U.S.C. § 30109.
Office Use Only								F	Rev. 05/	

20-19: 11: 10: 0M: 00-1-80125

FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	et amendment	
Report Covering the Period: From:		o: 06 30 20 66
:	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 26/6		24014
(b) Cash on Hand at Beginning of Reporting Period	49.73	
(c) Total Receipts (from Line 19)	35500	391.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50473	
7. Total Disbursements (from Line 31)	33462	461.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1.7011	17.011
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		;
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	963339	·
This committee has qualified as a multic	candidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

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

2016 - 11 - 10 - 00 - 00 - 00 - 180 26

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016	of Receipts	Page 3
Write or Type Committee Name		
- Single Si	byed amendment	
Report Covering the Period: Fro	om: 0,9 0,1 2,0,16 To:	0.0 3.0 2.016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) F (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule // (ii) Uniternized		
13. All Loans Received		3 9 / 42
 14. Loan Repayments Received 15. Offsets To Operating Expenditure (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Relunds of Contributions Made to Federal Candidates and Other 	S	
Political Committees	Levin Funds	
(b) Levin Funds (from Schedule (c) Total Transfers (add 18(a) and	H5)	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)20. Total Federal Receipts	Securities of the securities o	
(subtract Line 18(c) from Line 19	35500	39142

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 **COLUMN A** COLUMN B II. Disbursements **Total This Period** 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 (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... Contributions to Federal Candidates/Committees and Other Political Committees....... Independent Expenditures (use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d)) 25. (use Schedule F)..... 26. Loan Repayments Made..... 27. Loans Made 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)).. 32. Total Federal Disbu:sements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

of Disbursements

Page 5 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE OF		
IT	EMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)		
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Statemen for commercial purposes, other than using the name a		person for the purpose of soliciting contributions		
\setminus	NAME OF COMM!TTEE (In Full)				
\geq		nendment			
A.	Full Name of Individual (Last, First, Middle Initial) or F	Full Organization Name	Date of Receipt		
	Mailing Address 295 Rosekill D City Stat	te Zip Code	15 28 2016		
		=L 323/2	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		35.5.0.0		
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
		egate Year-to-Date ▼			
	Primary General Other (specify) ▼	39.1.4.2			
 -В.	Full Name of Individual (Last, First, Middle Initial) or F	Full Organization Name	Date of Receipt		
	Mailing Address		W.W. / O'RO / YRYRY		
	City Stat	te Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		A Maria Control of the Control of th		
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item		
		egate Year-to-Date ▼			
	Primary General Other (specify) ▼]		
-	Full Name of Individual (Last, First, Middle Initial) or f	Full Organization Name	Date of Receipt		
	Mailing Address		M = M / D = O / Y = Y = Y		
	City Stat	te Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item .,		
	Receipt For: Primary General Other (specify)	egate Year-to-Date ▼	1		
s	UBTOTAL of Receipts This Page (optional)				
1	OTAL This Period (last page this line number only))			

SCHEDULE C (FEC Form 3X) LOANS

OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
	ect amends	ment	
LOAN SOURCE Full Name (Last, First, Well W Mailing Address			Election: Primary General Other (specify) ▼
295 Rosefull E)	nde	Office (specify) V
Tallahassee	FL 3	23/2	
Original Amount of Loan	Cumulative Payment To	Date Balan	ce Outstanding at Close of This Period
3,5,5,0,0			35500
TERMS Date Incurred	Date Due	Interest Rate	Secured:
05 28 20.7.6			O % (apr) Yes Yo
List All Endorsers of Guarantors (if and	/) to Loan Source H	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	The state of the s
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	<u> </u>
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:	and many many many many many many many many
SUBTOTALS This Period This Page (option	al)	► I	
TOTALS This Period (last page in this line	only)	English of the Control of the Contro	A CONTRACT OF THE PROPERTY OF
Carry outstanding balance only to LINE 3,	Schedule D, for this line. If	no Schedule D, carry forwa	ard to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

2011E20== 0 (1 E0 1 01111 0	*` /		
OANS		Use separate schedule(s) for each category of the	PAGE OF
		Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
Single Sub	iect amenda	rent	
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial)		ection:
Webl W.	5.	·	Primary General
1			Other (specify) ▼
City Tallahansee	ehell Dr. E.		
City	State ZIP Coo		
7 allahansee	F-L 3	2312	
Original Amount of Loan	Cumulative Payment To		Outstanding at Close of This Period
3.6	42		36.42
TERMS Date Incurred	Date Due	Interest Rate	Secured:
02 22 2016			% (apr) Yes VNo
List All Endorsers or Guaraniors (if	any) to Loan Source: 2		
Full Name (Last, First, Middle Initial	A THE CONTRACT OF THE PARTY OF	Name of Employer	A CONTRACTOR OF THE PROPERTY O
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·
City	tate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	tional)	•	
TOTALS This Period (last page in this li	ne only)	Paramatan America	
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	nc Schedule D, carry forward	d to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) LC

••••••••	42. ,			
DANS			Use separate schedule(s) for each category of the	PAGE OF
			Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)				
		amendmen	I	
LOAN SOURCE Full Name (Last	, First, Mic	ddle Initial)	☐ Memo Item ☐ EI	ection:
Webb W.S	•			Primary General
Mailing Address	` ^			Other (specify) ▼
295 Rosch	11 De	ع <u>.</u>		
City		State ZIP Co		
295 Rosehi City Tallahansee		FC 32	L312	<u> </u>
Original Amount of Loan		Cumulative Payment To		Outstanding at Close of This Period
2.9	-00		7	
TERMS Date Incurred		Date Due	Interest Rate	Secured:
		/ P / Y		
1/ 1/1 20/	ا لک			(apr) Yes VNo
List All Endorsers or Guarantors	7. 44.50	o Loan Source		
1. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
· · ·				
City	State	ZIP Code	Amount Guaranteed	Constitution of the second
0 6 11 11 (1 6 14 14 14	- 147 - IN	<u> </u>		Jimina Vinder C. Clades
2. Full Name (Last, First, Middle I	nitiai)		Name of Employer	•
Mailing Address			Occupation	
	1 _	I		
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle I	nitial)	1	Name of Employer	
Mailing Address			Occupation	ASSISTANCE HITTING ALCOHOLOGY
			Cocapation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	Sharehande and Sandanandanandan
4. Full Name (Last, First, Middle I	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Guaranteed	
<u> </u>		1	_ constanting.	A PARTICULAR DE TRANSPORTE DE L'ARTICLE DE L
SUBTOTALS This Period This Page	(optional).			
TOTALS This Period (last page in th	is line only	/)	>	
Carry outstanding balance only to L	INE 3, Sch	nedule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.

SCHEDULE C (FEC Form 3X) **LOANS**

PAGE OF Use separate schedule(s) for each category of the **Detailed Summary Page** FOR LINE 13 OF FORM 3X NAME OF COMMITTEE (In Full) Election: ☐ Memo Item Primary Well General Mailing Address Other (specify) ▼ City 323/2 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 42,000 TERMS Date Incurred Date Due Interest Rate Secured: Yes 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: 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)..... 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.

SCHEDULE C (FEC Form 3X) LOANS

OANS		Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF FOR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)	<u> </u>	Betailed Cultimary Fage	FOR LINE 13 OF FORM 3X			
Single Subject amendment						
LOAN SOURCE Full Name (Last, First, Mi	•	☐ Memo Item	Election: Primary General			
Mailing Address	Mailing Address					
295 Rosehill De	State	7IP Code 323/2				
	1 2	· · · · · · · · · · · · · · · · · · ·				
Original Amount of Loan	Cumulative Paym		ce Outstanding at Close of This Period			
TERMS		· · · · · · · · · · · · · · · · · · ·				
Date Incurred	Dat	e Due Interest Rate	Secured: Yes VNo			
List All Endorsers of Guarantors (if any)	o Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:	72-73			
2. Full Name (Last, First, Middle Initial)		Name of Employer	<u>-</u>			
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)						
TOTALS This Period (last page in this line onl	у)	•				
Carry outstanding balance only to LINE 3, Sc	hedule D, for this I	ine. If no Schedule D, carry forw	ard to appropriate line of Summary.			

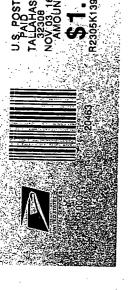
CHEDULE C (FEC	Form 3X)				
OANS	DANS			PAGE OF FOR LINE 13 OF FORM 3X	
AME OF COMMITTEE (In F	ull)				
Single LOAN SOURCE Pull Nam	Subjec	& amends	nont		
	, _	ddle Initial)	☐ Memo Item Ele	ction: Primary	
Webt	1 W.S.			General	
Mailing Address 2-95 City Tallahar	Rosebu	y Dr E		Other (specify) ▼	
City	4.0.4	State ZIP	Code		
Original Amount of Loan	1ec	Cumulative Payment	,	Outstanding at Close of This Period	
3 7 1 1 7 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1	892.97	72		89297	
TERMS					
Date Incurr	ed	Date D	ue Interest Rate	Secured: Yes VNo	
				Q % (apr) Yes ☑ No	
List All Endorsers or Gua 1. Full Name (Last, First,		o Loan Source	Name of Employer	Man	
Mailing Address			Occupation		
Ċity	State	ZIP Code	Amount Guaranteed Outstanding:	Description of the Control of the Co	
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	V		Occupation	· · · · · · · · · · · · · · · · · · ·	
City	State	ZIP Code	Amount Guaranteed Outstanding:	pa magazanigan na ja tamaganan gaman gaman gaman ga	
4. Full Name (Last, First,	Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period Th	is Page (optional)		- Constituting		
TOTALS This Period (last pa	ge in this line only	/)	•		
Carry outstanding balance of	only to LINE 3, Sci	nedule D, for this line.	If no Schedule D, carry forward	to appropriate line of Summary.	

SCHEDULE C	(FEC	Form	3X)
LOANS			

DANS			Use separate schedule(s) for each category of the	
<u> </u>			Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	/	a 2 .4	,	
Single Sub,			-	•
LOAN SOURCE Full Name (L		•	☐ Memo Item	Election:
Webb	ω .s			Primary General
				Other (specify) ▼
Mailing Address 295 City Tallahars	Cose be	W De &		
City		State ZIP C		
Tallahass	ee_	FL 3	23/2	
Original Amount of Loan	and the second second second second	Cumulative Payment To	o Date Baland	ce Outstanding at Close of This Period
2/0	5.00	A 1 7 1 1		2/0500
TERMS Date Incurred		Date Due	e Interest Rate	Secured:
04 01 20	7.4			% (apr) Yes VNo
List All Endorsers or Guarante	ors (if any) t	o Loan Source		
Full Name (Last, First, Middle	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middl	e Initial)		Name of Employer	
.Mailing Address			Occupation .	
City	State	ZIP Code	Amount Guaranteed Outstanding:	Control Contro
3. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middl	e Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Pa				
Carry outstanding balance only to	LINE 3, Sci	hedule D, for this line. I	f no Schedule D, carry forwa	ard to appropriate line of Summary.

CHEDULE C (FEC FOR	m 3X)			·
OANS			Use separate schedule(s)	PAĠE OF
			for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)			<u>, l</u>	<u></u>
Single.	Subje	ed amone	Lowent	
LOAN SOURCE Full Name (La	st, First, Mi	ddle Initial)	☐ Memo Item EI	ection:
Webl W.S.			la me	General
Mailing Address	~ <i>1</i>	. 0		Other (specify) ▼
295/	Rosely	Work		
City		State ZIP Co		 ,
Yallahane	e-	F-6 3	23/2	
Original Amount of Loan		Cumulative Payment To	Date Balance	Outstanding at Close of This Period
46,0	0,0,0	A		46,00,0,0
TERMS Date Incurred		Date Due	Interest Rate	Secured:
03'07'20	7.4	/ 550 / Y		Ø% (apr) ☐ Yes ☑ No
List All Endorsers or Guaranto	rs (if any) t	o"Loan Source		
1. Full Name (Last, First, Middle	Andreas Property 1 NA		Name of Employer	UM (1999) 189-19 (1997) 1990 1990 1990 1990 1990 1990 1990 199
Mailing Address			Occupation	
City	State	ZIP Code	Almount	
			Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	7 William Land	
		••	Guaranteed Outstanding:	II
3. Full Name (Last, First, Middle	nitial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	The state of the s
4. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	San James December 1
SUBTOTALS This Period This Pag	e (optional)			Carry C. Carry Co. Section Co. Carry
	-		- Control of the Cont	
TOTALS This Period (last page in	uns ine on	у)	·····	
Carry outstanding balance only to	LINE 3, Sci	hedule D, for this line. If	no Schedule D, carry forward	to appropriate line of Summary.

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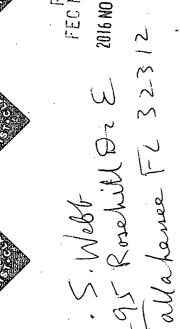












RECEIVED FEC MAIL CENTER

2016 NOY 10 AM 9: 40

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	
Hand Delivered	Date of Receipt
USPS First Class Mail Output	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked

PREPARER (3/2015)