

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2006 Office Use Only JAN 19 A 9:52

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

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) 800 N.W. Loop 410, South Tower

Check if different than previously reported. (ACC) SAN ANTONIO TX 78216

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00236588 SAN ANTONIO TX 78216

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on 12 / 01 / 2009 in the State of TX

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

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

Election on 12 / 31 / 2009 in the State of TX

5. Covering Period 12 / 01 / 2009 through 12 / 31 / 2009

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 Pamela A Hutchins

Signature of Treasurer *Pamela A Hutchins* Date 01 / 18 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

26038951483

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **12** ' **01** ' **2005** To: **12** ' **31** ' **2005**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2005</b>		1174.15
(b) Cash on Hand at Beginning of Reporting Period.....	3127.15	
(c) Total Receipts (from Line 19) .....	300.00	3300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3427.15	4874.15
7. Total Disbursements (from Line 31) .....	1142.00	2589.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2285.15	2285.15
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) .....	_____	

This committee has qualified as a multicandidate 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

26038951484

**DETAILED SUMMARY PAGE  
of Receipts**

Write or Type Committee Name

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

12 / 01 / 2005

To:

12 / 31 / 2005

**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).....

300.00

3700.00

(ii) Unitemized.....

\_\_\_\_\_

\_\_\_\_\_

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

300.00

3700.00

(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).....▶

300.00

3700.00

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)).....▶

300.00

3700.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

300.00

3700.00

26038951485

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	17.00	204.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17.00	204.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	450.00	590.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	675.00	1795.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1142.00	2589.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1142.00	2589.00

26038951486

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	300.00	3,700.00
34. Total Contribution Refunds (from Line 28(d)) .....	—	—
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	300.00	3,700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17.00	204.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	—	—
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17.00	204.00

26038951487

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

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

FOR LINE NUMBER: PAGE 1 OF 2  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Hennessey, Peter J. III**

Mailing Address  
**215 Zambrano**

City State Zip Code  
**San Antonio, Texas 78209**

FEC ID number of contributing federal political committee. **C 00236588**

Name of Employer **Government Personnel Mutual Life Insurance Company** Occupation **Chairman of the Board**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**12 / 07 / 2005**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Ferguson, C. Alan**

Mailing Address  
**8601 Barn Swallow**

City State Zip Code  
**San Antonio, Texas 78255**

FEC ID number of contributing federal political committee. **C 00236588**

Name of Employer **Government Personnel Mutual Life Insurance Company** Occupation **Attorney**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**12 / 07 / 2005**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Hoffman, William M.**

Mailing Address  
**411 Oak Leaf**

City State Zip Code  
**San Antonio, Texas 78209**

FEC ID number of contributing federal political committee. **C 00236588**

Name of Employer **Government Personnel Mutual Life Insurance Company** Occupation **Sr. Vice President**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**12 / 07 / 2005**

Amount of Each Receipt this Period  
**500.00**

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

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

**1500.00**

26038951488

**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 2  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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 committees.

NAME OF COMMITTEE (In Full)  
**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

A. Full Name (Last, First, Middle Initial)  
**Hutchins, Pamela A**

Mailing Address  
**8515 Chesham**  
City State Zip Code  
**San Antonio, Texas 78218**

FEC ID number of contributing federal political committee. **C 00236588**

Name of Employer **Government Personnel Mutual Life Insurance Company** Occupation **Sr. Vice President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
**12 07 2003**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**Draper, Robert R.**

Mailing Address  
**11823 Tarragon Cove**  
City State Zip Code  
**San Antonio, Texas 78213**

FEC ID number of contributing federal political committee. **C 00236588**

Name of Employer **Government Personnel Mutual Life Insurance Company** Occupation **Vice President - Securities**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**12 07 2003**

Amount of Each Receipt this Period  
**50.00**

C. Full Name (Last, First, Middle Initial)  
**Mendoza, Maria de Lourdes**

Mailing Address  
**124 Grand Oak**  
City State Zip Code  
**San Antonio, Texas 78232**

FEC ID number of contributing federal political committee. **C 00236588**

Name of Employer **Government Personnel Mutual Life Insurance Company** Occupation **Vice President & Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**12 07 2003**

Amount of Each Receipt this Period  
**50.00**

SUBTOTAL of Receipts This Page (optional) ..... **150.00**

TOTAL This Period (last page this line number only) ..... **300.00**

26038951489

**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 1

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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)

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

**Frost National Bank**

12 / 31 / 2005

Mailing Address

**P. O. Box 1600**

City

State

Zip Code

**San Antonio, Texas 78296**

Purpose of Disbursement

Amount of Each Disbursement this Period

**Bank Service Charge**

**D.O.I.**

Candidate Name

Category/  
Type

17.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

**Bank Service Fee**

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

17.00

26038951490

**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 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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)  
**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**ACLI PAC**

Mailing Address  
**101 Constitution Ave., NW**

City **Washington, D. C.** State **D. C.** Zip Code **20001-2133**

Purpose of Disbursement  
**Trade Association**

Candidate Name  
**Various**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 09 / 2005**

Amount of Each Disbursement this Period  
\$ **3,000.00**

Category/Type  
**011**

**B.**

Full Name (Last, First, Middle Initial)  
**Texans for Lamar Smith**

Mailing Address  
**1005 Congress, Ste. 910**

City **Austin, Texas** State **Texas** Zip Code **78701**

Purpose of Disbursement  
**U. S. Congress**

Candidate Name  
**Lamar Smith**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
MM / DD / YYYY  
**12 / 09 / 2005**

Amount of Each Disbursement this Period  
\$ **1,500.00**

Category/Type  
**011**

**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  
MM / DD / YYYY

Amount of Each Disbursement this Period  
\$

Category/Type

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

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

\$ **4,500.00**

26038951491

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<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)

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A.**

**Texans for Joe Straus**

Mailing Address

**P. O. Box 691422**

City State Zip Code

**San Antonio, Texas 78269-1422**

Purpose of Disbursement

**State Representative**

Candidate Name

**Joe Straus**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

2,500.00

0,1,1  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

**Texans for Don Willett**

Mailing Address

**P. O. Box 1803**

City State Zip Code

**Austin, Texas 78767**

Purpose of Disbursement

**Justice Supreme Court of Texas**

Candidate Name

**Don Willett**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

12 / -08 / 2005

Amount of Each Disbursement this Period

1,250.00

0,1,1  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

**Steven Hilbig Campaign**

Mailing Address

**P. O. Box 6932**

City State Zip Code

**San Antonio, Texas 78209**

Purpose of Disbursement

**Justice 4th Court of Appeals**

Candidate Name

**Steven Hilbig**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

11 / 09 / 2005

Amount of Each Disbursement this Period

1,000.00

0,1,1  
Category/  
Type

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

4,750.00

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

26038951492

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<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)

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of Jeff Wentworth**

Mailing Address

**P. O. Box 6274**

City State Zip Code

**San Antonio, Texas 78209-9861**

Purpose of Disbursement

**State Senator**

Candidate Name

**Jeff Wentworth**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

**12 / 09 / 2005**

Amount of Each Disbursement this Period

**200.00**

**011**  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

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

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount

Category/  
Type

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

**200.00**

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

**675.00**

26038951493

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
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp</i>	Shipping Date <i>1-18-05</i>
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

*JM 10*  
 PREPARER  
 (3/2005)

*1-19-05*  
 DATE PREPARED

26038951494