

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2010 JUL 20 AM 9:17

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CONSERVATIVE NATIONAL COMMITTEE

ADDRESS (number and street)

P.O. BOX 101326

☐ Check if different
than previously
reported. (ACC)

ARLINGTON

VA

22210

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00139097

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

____/____/____

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

05 ' 07 ' 2010

through

05 ' 31 ' 2010

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

Ralph J. Galliano

Signature of Treasurer

Ralph J. Galliano

Date

05 ' 19 ' 2010

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 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period:

From:

05 ' 01 ' 2010

To:

05 ' 01 ' 2010

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1, 2010

4598.83

(b) Cash on Hand at
Beginning of Reporting Period.....

7313.40

(c) Total Receipts (from Line 19).....

1500.00

7500.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

8813.40

12098.83

7. Total Disbursements (from Line 31).....

2400.00

5685.43

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

6413.40

6413.40

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

94930.82



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

1003038491

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CONSERVATIVE NATIONAL COMMITTEE

Report Covering the Period: From: 05 01 2010 To: 05 31 2010

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).....

(ii) Unitemized.....

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

(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).....▶

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)).....▶

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

1500-

0

1500-

1500-

1500-

1500-

7500-

0

7500-

7500-

7500-

7500-

1003038492

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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	15.00 -	378543
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15.00 -	378543
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	9.00 -	19.00 -
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))	0	0
29. Other Disbursements		
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)) ..	240.00 -	568543
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	240.00 -	568543

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)	1,500-	2,500-
34. Total Contribution Refunds (from Line 28(d))	0-	0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,500-	2,500-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,500-	37,854.3
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,500-	37,854.3

10030384494

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 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)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. GEORGE MARLIN

Mailing Address

10 CEDAR LAKE

City

NEW HYDE PARK

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.-

Date of Receipt

03 / 28 / 2010

Amount of Each Receipt this Period

500.-

Full Name (Last, First, Middle Initial)

B. BILLY MOUNGER

Mailing Address

P.O. Box 3696

City

JACKSON

State

MS

Zip Code

32907

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ENERGY PRODUCTION

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.-

Date of Receipt

03 / 28 / 2010

Amount of Each Receipt this Period

1000.-

Full Name (Last, First, Middle Initial)

C.

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1500.-

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

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. **JOHN GIZZI**

Mailing Address

P.O. Box 101326

City

ARLINGTON

State

VA

Zip Code

22210

Purpose of Disbursement

ADMINISTRATIVE EXPENSES

Candidate Name

001
Category/
Type

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

1500 -

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

001
Category/
Type

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

1500 -

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

001
Category/
Type

Date of Disbursement

05 / 17 / 2010

Amount of Each Disbursement this Period

1500 -

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)

1500 -

1500 -

10030384496

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

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

Full Name (Last, First, Middle Initial)

A. RAND PAUL for U.S. SENATE

Mailing Address

City State Zip Code

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

RAND PAUL

011

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

05 ' 14 ' 2010

Amount of Each Disbursement this Period

500.-

B. TIM BURNS for CONGRESS

Mailing Address

P.O. Box 4483

City State Zip Code

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

TIM BURNS

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State: PA

District: 12-CD

SPECIAL

Date of Disbursement

05 ' 14 ' 2010

Amount of Each Disbursement this Period

200.-

C. DJOU for CONGRESS

Mailing Address

P.O. Box 235280

City State Zip Code

Purpose of Disbursement

POLITICAL CONTRIBUTION

Candidate Name

CHARLES DJOU

011

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

State: HA

District: 1-CD

SPECIAL

Date of Disbursement

05 ' 14 ' 2010

Amount of Each Disbursement this Period

200.-

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

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

900.-

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 1 OF 5

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Omega List Company

Nature of Debt (Purpose):

List Rental

Mailing Address

1430 Springhill Road #490

City

McLean

State

VA

Zip Code

22102

Outstanding Balance Beginning This Period

19,269.39

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

19,269.39

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bruce W. Eberle & Associates

Nature of Debt (Purpose):

Fundraising

Mailing Address

1430 Springhill Road #490

City

McLean

State

VA

Zip Code

22102

Outstanding Balance Beginning This Period

17,974.00

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

17,974.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GRAPHICS

Nature of Debt (Purpose):

Graphics

Mailing Address

8330 Old Courthouse Road

City

Vienna

State

VA

Zip Code

22180

Outstanding Balance Beginning This Period

391.56

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

391.56

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

21,458.35

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE 2 OF 5
 FOR LINE NUMBER:
 (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CCI

Nature of Debt (Purpose):

Computer Printing

Mailing Address

8330 Old Courthouse Road

City

State

Vienna

VA

Zip Code

22180

Outstanding Balance Beginning This Period

153877

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

153877

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

WIB

Nature of Debt (Purpose):

Mailing Services

Mailing Address

2727 Matilee Drive

City

State

Fairfax

VA

Zip Code

22031

Outstanding Balance Beginning This Period

1122710

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1122710

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ARCO Systems

Nature of Debt (Purpose):

Computer Printing

Mailing Address

2853 Nutley Street

City

Fairfax

VA

Zip Code

22031

Outstanding Balance Beginning This Period

1165163

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

1165163

1) SUBTOTALS This Period This Page (optional) ▶

2441750

2) TOTALS This Period (last page this line number only) ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

1003038499

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 3 OF 5

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Conservative National Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrews REPRODUCTION CENTER

Nature of Debt (Purpose):

PRINTING

Mailing Address

10101-J Bacon Drive

City

State

Beltsville

MD

Zip Code

20705

Outstanding Balance Beginning This Period

609720

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

609720

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Center, Kent & Sullivan

Nature of Debt (Purpose):

Legal Services

Mailing Address

2020 K Street, N.W.

City

State

Washington

DC

Zip Code

20006

Outstanding Balance Beginning This Period

2825988

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

2825988

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Southeast Printing

Nature of Debt (Purpose):

PRINTING SERVICES

Mailing Address

2401 Wilson Blvd.

City

Arlington

VA

State

Zip Code

22201

Outstanding Balance Beginning This Period

39906

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

39906

1) SUBTOTALS This Period This Page (optional) >

2) TOTALS This Period (last page this line number only) >

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) >

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) >

3475614

10030384500

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE 4 OF 5
 FOR LINE NUMBER:
 (check only one) ☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIVERSIFIED MAILING SERVICES

Nature of Debt (Purpose):

MAILING SERVICES

Mailing Address

4333 DAVENPORT ROAD

City

State

Zip Code

FREDERICKSBURG VA 22401

Outstanding Balance Beginning This Period

44,316

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

44,316

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIR SPEEDY PRINTING CENTERS

Nature of Debt (Purpose):

PRINTING

Mailing Address

5881 LEESBURG PIKE

City

State

Zip Code

FALLS CHURCH VA 22041

Outstanding Balance Beginning This Period

8,752.2

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

8,752.2

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SATURN CORPORATION

Nature of Debt (Purpose):

COMPUTER SERVICES

Mailing Address

4701 LYDELL ROAD

City

State

Zip Code

CHEVERLY MD 20781

Outstanding Balance Beginning This Period

9,788.2

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

9,788.2

1) SUBTOTALS This Period This Page (optional)..... ►

229,720

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

10030384501

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 5 OF 5

FOR LINE NUMBER:
(check only one)

☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

CONSERVATIVE NATIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

JAMES K. JEANBLANC

Nature of Debt (Purpose):

LEGAL SERVICES

Mailing Address

1730 M ST NW

City

State

Zip Code

WASHINGTON DC 20036

Outstanding Balance Beginning This Period

12001.63

Amount Incurred This Period

0

Payment This Period

0

Outstanding Balance at Close of This Period

12001.63

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

12001.63

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

949308.2

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/20/10
--	----------------------------

<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 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
---	-------------------------------

Jan D
PREPARER
(3/2005)

7/20/10
DATE PREPARED

10030384503