

**FEC  
FORM 3X**

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

RECEIVED  
FED MAIL CENTER  
2019 AUG 1 PM 1:51  
Office Use Only

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

MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

ADDRESS (number and street) **56 PERIMTER CENTER EAST, NE**

Check if different than previously reported. (ACC) **SUITE 500**

**ATLANTA, GA 30346 - 2206**

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

**C 00504613**

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  /  /  2019 through  /  /  2019

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 **AMY L. ATKINSON, ASSISTANT SECRETARY**

Signature of Treasurer  Date  /  /  2019

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

MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		1632.18
(b) Cash on Hand at Beginning of Reporting Period.....	1632.18	
(c) Total Receipts (from Line 19).....	6250.20	6250.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7882.38	7882.38
7. Total Disbursements (from Line 31).....	5030.00	5030.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2852.38	2852.38
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  
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

**MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.**

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2019 To: MM / DD / YYYY 06 / 30 / 2019

**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).....	6250.00	6250.00
(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).....▶	6250.00	6250.00
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.).....	.20	.20
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)).....▶	6250.20	6250.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6250.20	6250.20

NON-FEDERAL RECEIPTS

# 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 .....	30.00	30.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30.00	30.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	5000.00	5000.00
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)) ..	5030.00	5030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	5030.00	5030.00

1-DIGITIZED BY: H&B INFORMATION

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	6250.00	6250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	30.00	30.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30.00	30.00

NONDISBURSED BY THE 10010000

**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 4  
(check only one)

<input checked="" 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)  
MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. FILMORE, JAMES</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2019
Mailing Address 1042 TRAILRIDGE PLACE		Amount of Each Receipt this Period 500.00
City DUNWOODY	State GA	
Zip Code 30338-3930		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C 00504316</b>		
Name of Employer (for Individual) MUNICH AMERICAN REASSURANCE COMPANY		Aggregate Year-to-Date 500.00
Occupation (for Individual) VP & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ATKINSON, AMY L</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2019
Mailing Address 1610 NOTTINGHAM WAY NE		Amount of Each Receipt this Period 250.00
City ATLANTA	State GA	
Zip Code 30309		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C 00504316</b>		
Name of Employer (for Individual) MUNICH AMERICAN REASSURANCE COMPANY		Aggregate Year-to-Date 250.00
Occupation (for Individual) DEPUTY GENERAL COUNSEL & CHIEF RISK OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. COX, JINNAH</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2019
Mailing Address 1665 SETTINDOWN DRIVE		Amount of Each Receipt this Period 250.00
City ROSWELL	State GA	
Zip Code 30075		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. <b>C 00504316</b>		
Name of Employer (for Individual) MUNICH AMERICAN REASSURANCE COMPANY		Aggregate Year-to-Date 250.00
Occupation (for Individual) 2ND VP & ACTUARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 4  
(check only one)

<input checked="" 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)

MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. FREEMAN, PAIGE S.**

Mailing Address

988 WILDWOOD ROAD, NE

City  
ATLANTA

State  
GA

Zip Code  
30306

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

SVP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,000.00

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2019

Amount of Each Receipt this Period

2,000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MORANT, TIMOTHY D.**

Mailing Address

6150 DOVER FIELD CT

City  
PEACHTREE CORNERS

State  
GA

Zip Code  
30092

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 10 / 2019

Amount of Each Receipt this Period

500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. FIORITTO, CHRISTOPHER R.**

Mailing Address

202 N. 11th STREET, N647

City  
TAMPA

State  
FL

Zip Code  
33602

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

VP

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 11 / 2019

Amount of Each Receipt this Period

500.00

Memo Item

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

3,000.00

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

**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 4

(check only one)

<input checked="" 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)

MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. TAYLOR, DENNIS E.**

Mailing Address

2371 MONTFORD PLACE SE

City  
SMYRNA

State  
GA

Zip Code  
30080

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 12 / 2019

Amount of Each Receipt this Period

500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAPPOLD, MICHAEL R.**

Mailing Address

277 WESTHAVEN CIRCLE

City  
GENEVA

State  
IL

Zip Code  
60134

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

VP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 12 / 2019

Amount of Each Receipt this Period

250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GUZMAN, GINA C.**

Mailing Address

340 E. RANDOLPH ST, APT 303

City  
CHICAGO

State  
IL

Zip Code  
60601

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

VP

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
06 / 12 / 2019

Amount of Each Receipt this Period

500.00

Memo Item

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

1,250.00

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



**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 4  
 (check only one)

<input checked="" 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)

MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SUNOO, EDWARD J.**

Mailing Address

45 LONDONDERRY DRIVE

City  
GREENWICH

State  
CT

Zip Code  
06830

FEC ID number of contributing federal political committee.

**C** 00504316

Name of Employer (for Individual)

MUNICH AMERICAN REASSURANCE COMPANY

Occupation (for Individual)

EVP

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

MM / DD / YYYY  
06 / 17 / 2019

Amount of Each Receipt this Period

1,000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

1,000.00

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

6,250.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

MUNICH AMERICAN REASSURANCE COMPANY PAC, INC.

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2019

A.

CITIZENS FOR BOYLE

FEC Identification Number

C 1305750

Amount of Each Disbursement this Period

2,500.00

Memo Item

Mailing Address  
PO BOX 11545

City PHILADELPHIA State GA Zip Code 19116

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011  
Category/  
Type

Candidate Name  
BOYLE, BRENDAN F.

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) 2020

State: PA District: 02

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2019

B.

STEPHANIE MURPHY FOR CONGRESS

FEC Identification Number

C 00620443

Amount of Each Disbursement this Period

2,500.00

Memo Item

Mailing Address  
PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement  
POLITICAL CONTRIBUTION

011  
Category/  
Type

Candidate Name  
MURPHY, STEPHANIE

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) 2020

State: FL District: 07

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

C.

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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).....▶

Insert shipping document here

ORIGIN ID: 1MAA (170) 350-3344  
BROOKE GEIGER  
MUNICH AMERICAN REASSURANCE CO  
56 PERIMETER CENTER EAST  
SUITE 500  
ATLANTA, GA 30346  
UNITED STATES US

SHIP DATE: 31JUL19  
ACTWGT: 1.00 LB.  
CAD: 9883954/INET4160

BILL SENDER

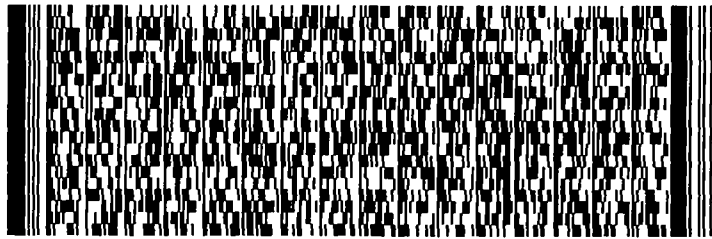
TO **FEDERAL ELECTION COMMISSION**  
**FEDERAL ELECTION COMMISSION**  
**999 E ST NW**

**1050**  
**First**

**WASHINGTON DC 20463**

(770) 350-3203 REF: MARC PAC  
INV: PO: DEPT:

567J3/E9E7/05A2



J192019052401NY

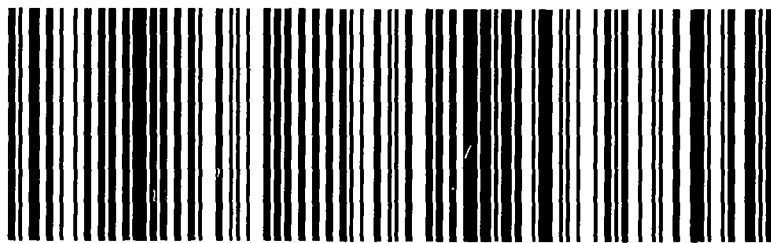
Extremely Urgent

THU - 01 AUG 10:30A  
PRIORITY OVERNIGHT

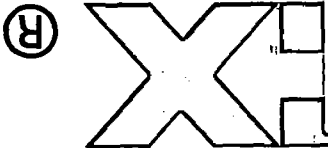
TRK# 7758 8768 3633  
0201

ASR  
20463  
DC-US IAD

**XC RDVA**



Express



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

RT 695

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	Date of Receipt
<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 checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>FED-EX</b>	Shipping Date <b>7-31-19</b>
	Next Business Day Delivery <input checked="" 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

*af*  
 PREPARER

**8-1-19**  
 DATE PREPARED

20190801 10:00:00 AM