

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2015 FEB -2 PM 12:05 Office Use Only

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

HOPKING FOR CONGRESS

ADDRESS (number and street)

7851 PLEASANT HILL RD

Check if different than previously reported. (ACC)

FREEDOM

IN

49431

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00551671

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE DISTRICT

IN

08

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)

MMS 01/30/15



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M

D D

Y Y Y Y

in the State of

IN

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



General (30G)



Runoff (30R)



Special (30S)

Election on

10

27

2014

in the State of

IN

5. Covering Period

10

01

2014

through

10

27

2014

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

Mark Singer

Signature of Treasurer

[Handwritten Signature]

Date

01

30

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

10 ' 01 ' 2014

To:

10 ' 27 ' 2014

	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)) ....	, , 870.00	, , 4,031.56
(b) Total Contribution Refunds (from Line 20(d)) .....	, , 0.00	, , 0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	, , 870.00	, , <del>870.00</del> 4,031.56 <sup>MAS</sup> 01/30/15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	, , 1,123.69	, , 3,533.34
(b) Total Offsets to Operating Expenditures (from Line 14) .....	, , 0.00	, , 0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	, , 1,123.69	, , 3,533.34
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	, , 498.22	
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) .....	, , 0.00	

For further information contact:

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

10 / 01 / 2014

To:

10 / 27 / 2014

**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

750.00

(ii) Unitemized.....

870.00

2775.00

(iii) TOTAL of contributions from individuals ▶

870.00

3525.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

506.56

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

870.00

4031.56

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

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)..... ▶

870.00

4031.56

NON-PROFIT ORGANIZATION

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1,123.69	3,533.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,123.69	3,533.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	751.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	870.00
25. SUBTOTAL (add Line 23 and Line 24).....	1,621.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,123.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	498.22

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

*Horning for Congress*

Report Covering the Period: From: 

M	M	'	D	D	'	Y	Y	Y	Y
1	0	'	0	1	'	2	0	1	4

 To: 

M	M	'	D	D	'	Y	Y	Y	Y
1	0	'	2	7	'	2	0	1	4

**I. RECEIPTS**

**COLUMN A**  
Total this Period

**COLUMN B**  
Election Cycle Total as of

**COLUMN C**  
Total for

M	M	'	D	D	'	Y	Y	Y	Y
1	0	'	2	7	'	2	0	1	4

  
(date of general election)

M	M	'	D	D	'	Y	Y	Y	Y
1	0	'	2	8	'	2	0	1	4

  
(date after general election)

through

M	M	'	D	D	'	Y	Y	Y	Y
1	2	'	3	1	'	2	0	1	4

  
(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
  - (i) Itemized (use Schedule A)


 0.00


 750.00


 0.00

(ii) Unitemized


 870.00


~~870.00~~  
2775.00


 000.00

(iii) Total of contributions from individuals


 870.00


 3525.00


 0.00

(b) Political Party Committees


 0.00


 0.00


 0.00

(c) Other Political Committees


 0.00


 0.00


 0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 6

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	50656	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
870.00	4,031.56	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
870.00	4,031.56	0.00

12090101110001

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 7

Write or Type Committee Name

Report Covering the Period:

From:

10 ' 01 ' 2014

To:

10 ' 27 ' 2014

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
112369	353334	000
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
000	000	000
<b>19. LOAN REPAYMENTS:</b>		
<b>(a) Of Loans Made or Guaranteed by the Candidate</b>		
000	000	000
<b>(b) Of All Other Loans</b>		
000	000	000
<b>(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))</b>		
000	000	000
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
000	000	000
<b>(b) Political Party Committees</b>		
000	000	000

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 8

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
-------------------------------	---	---

(c) Other Political Committees (such as PACs)

000	000	000
-----	-----	-----

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

000	000	000
-----	-----	-----

21. OTHER DISBURSEMENTS

000	000	000
-----	-----	-----

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1,123.69	3,533.34	000
----------	----------	-----

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

870.00	4,033.15	000
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1,123.69	3,533.34	000
----------	----------	-----

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	751.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16).....	870.00
25. SUBTOTAL (add Line 23 and Line 24).....	1,621.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,123.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	498.22



SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 9 OF 13

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)  
*Horning for Congress*

A. Full Name (Last, First, Middle Initial)  
 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)  
 Election Cycle-to-Date  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)  
 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)  
 Election Cycle-to-Date  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)  
 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)  
 Election Cycle-to-Date  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....  
 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
*Horning Pa Congress*

A.

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

Amount of Each Disbursement this Period

Category/Type

B.

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

Amount of Each Disbursement this Period

Category/Type

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

Amount of Each Disbursement this Period

Category/Type

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

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

**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)  
*Horring for Congress*

LOAN SOURCE Full Name (Last, First, Middle Initial) Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (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) ▶

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.

HARRIS REPORT GROUP

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Hornig Ice Congress</i>		FEC IDENTIFICATION NUMBER <b>C</b>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y		
City State Zip Code	Date Due M M / D D / Y Y Y Y		

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account:

Date account established:  
M M / D D / Y Y Y Y

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER

Typed Name

Signature

DATE

M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE

Typed Name

Signature

Title

DATE

M M / D D / Y Y Y Y

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

NAME OF COMMITTEE (In Full)  
*Hornig Ice Congress*

A. 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	

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)			
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)			

11-10-03 11:00 AM

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1007



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Mick Busch  
7113 Birch Dr  
Charlotte, NC 28104  
PHONE ( ) 704 241 1000

**PAYMENT BY ACCOUNT** (if applicable)

**DELIVERY OPTIONS** (Customer Use Only)  
 SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
**Delivery Options**  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
 \*Refer to [USPS.com](http://USPS.com) or local Post Office™ for availability.

**TO:** (PLEASE PRINT)  
Richard & Linda Cunningham  
999 E Street, NW  
Charlotte, NC 28103  
PHONE ( ) 704 241 1000

**ZIP + 4** (U.S. ADDRESSES ONLY)

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■ \$100.00 Insurance Included.

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PO ZIP Code 46224	Scheduled Delivery Date (MM/DD/YY) 2-2	Delivery Attempt (MM/DD/YY) Time AM PM	Employee Signature
Date Accepted (MM/DD/YY) 1-31	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	Delivery Attempt (MM/DD/YY) Time AM PM	Employee Signature
Time Accepted 2:00	10:30 AM Delivery Fee \$	Weight 4.2 lbs.	Employee Signature
Postage \$ 19.99	Insurance Fee \$	Flat Rate \$	Employee Signature
COO Fee \$	Return Receipt Fee \$	Sunday/Holiday Premium Fee \$	Employee Signature
Live Animal Transportation Fee \$	Total Postage & Fees \$ 19.99	Acceptance Employee Initials RSD	Employee Signature

PS 10001000059

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 1/31/15
<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

*RP*  
 PREPARER

2/2/15  
 DATE PREPARED

11-00000-1000-10000