

**FEC  
FORM 3X**

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

RECEIVED  
FEC MAIL CENTER  
2016 DEC -7 AM 11:51  
Office Use Only

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

South Carolina Bankers Association Federal PAC

ADDRESS (number and street) P.O. Box 1483

Check if different than previously reported. (ACC)

Columbia SC 29202

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

C00103861

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 MM / DD / YYYY in the State of XX

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

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

Election on MM / DD / YYYY in the State of SC

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

10 / 01 / 2016 through 11 / 28 / 2016

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 Donna S. Taylor

Signature of Treasurer Donna S. Taylor Date MM / DD / YYYY

12 / 05 / 2016

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

20161207 09:00:00



**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

*South Carolina Bankers Association Federal PAC*

Report Covering the Period: From:

*10* / *01* / *2016*

To:

*11* / *28* / *2016*

**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)).....▶

*8950.00*

*10,600.00*

*19675.00*

*20,775.00*

*28625.00*

*31,375.00*

- (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).....▶

*28625.00*

*31,375.00*

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)).....▶

*28625.00*

*31,375.00*

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

*28625.00*

*31,375.00*

NON-FEDERAL CONTRIBUTIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
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)) ..	0.00	57,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0.00	57,500.00

2016-11-01 10:00:00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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

2019 JUN 12 10:01 AM BOI-NM1100

**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)

<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)  
**South Carolina Bankers Association Federal PAC**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Goette, Jack S.**

Mailing Address  
**942 Scotland DR.**

City  
**Mt Pleasant** State **SC** Zip Code **29464**

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

Name of Employer (for Individual)  
**South State Bank** Occupation (for Individual)  
**Banker**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10/01/2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Paige Ron L.**

Mailing Address  
**1114 Waterway Lane**

City  
**Myrtle Beach** State **SC** Zip Code **29572**

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

Name of Employer (for Individual)  
**Horry County State Bank** Occupation (for Individual)  
**Banker**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10/18/2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Rivers, Charles F**

Mailing Address  
**437 Oakmont Lane**

City  
**Charleston** State **SC** Zip Code **29412**

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

Name of Employer (for Individual)  
**BNC** Occupation (for Individual)  
**Banker**

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10/08/2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ **600.00**

**TOTAL** This Period (last page this line number only).....▶ **600.00**

2016-10-10 10:00 AM

**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 2 OF 7	
	<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

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NAME OF COMMITTEE (In Full)  
**South Carolina Bankers Assn. Federal PAC**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Tatterson, J. Rick**

Mailing Address  
**302 Hampton Blvd**

City  
**Cape May** State  
**SC** Zip Code  
**29341**

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

Name of Employer (for Individual)  
**Horry County State Bank** Occupation (for Individual)  
**Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10 / 18 / 2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Maw, Sam**

Mailing Address  
**290 Indian Creek Road**

City  
**Spartanburg** State  
**SC** Zip Code  
**29302**

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

Name of Employer (for Individual)  
**Carolina Alliance Bank** Occupation (for Individual)  
**Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10 / 06 / 2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Sturm, Richard**

Mailing Address  
**1711 Bannockburn Drive**

City  
**Columbia** State  
**SC** Zip Code  
**29206**

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

Name of Employer (for Individual)  
**Ameris Bank** Occupation (for Individual)  
**Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10 / 18 / 2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

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

2016-12-07 09:00:00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE <b>3</b> OF <b>7</b>
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**South Carolina Bankers Assn. Federal PAC**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**McElveen, Jr., Jack**

Mailing Address  
**10 Deer Track Rd.**

City **Simpsonville** State **SC** Zip Code **29681**

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

Name of Employer (for Individual) **Horry County State Bank** Occupation (for Individual) **Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10 / 18 / 2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Reagan, V, John A**

Mailing Address  
**1799 Willard Ct.**

City **Rock Hill** State **SC** Zip Code **29732**

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

Name of Employer (for Individual) **South State Bank** Occupation (for Individual) **Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10 / 01 / 2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Scott, Stephen R**

Mailing Address  
**280 Antem Ave**

City **Moore** State **SC** Zip Code **29369**

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

Name of Employer (for Individual) **Woodruff Federal S&L** Occupation (for Individual) **Banker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10 / 06 / 2016**

Amount of Each Receipt this Period  
**200.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

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

2016-10-01 00:10:00





**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 5 OF 7
	<input 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	

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NAME OF COMMITTEE (In Full)  
South Carolina Bankers Assn. Federal PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lewis, Martha S

Mailing Address  
PO Box 2305

City Conway State SC Zip Code 29528

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) South Atlantic Bank Occupation (for Individual) Banker

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date 25000

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Windley, John

Mailing Address  
322 Waterree Ave.

City Columbia State SC Zip Code 29205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) South State Bank Occupation (for Individual) Banker

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Gibbs, Marsha A.

Mailing Address  
485 Mockingbird Dr.

City Spartanburg State SC Zip Code 29307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual) Carolina Alliance Bank Occupation (for Individual) Banker

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2016

Amount of Each Receipt this Period  
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

2016-12-07 09:00:11:4

**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 6 OF 7
	<input 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	

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NAME OF COMMITTEE (In Full)  
**South Carolina Bankers Assn Federal PAC**

A. **Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**Pooler, John**

**Mailing Address**  
**101 Candler Place**

**City** **Spartanburg** **State** **SC** **Zip Code** **29302**

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

**Name of Employer (for Individual)** **Carolina Alliance Bank** **Occupation (for Individual)** **Banker**

**Receipt For:**  
 Primary  General  Other (specify) ▼

**Aggregate Year-to-Date ▼**  
**300.00**

**Date of Receipt**  
**10 / 06 / 2016**

**Amount of Each Receipt this Period**  
**300.00**

Memo Item

B. **Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**Hollar, Janet H.**

**Mailing Address**  
**211 80th Ave, N.M**

**City** **N. Myrtle Beach** **State** **SC** **Zip Code** **29572**

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

**Name of Employer (for Individual)** **Horry County State Bank** **Occupation (for Individual)** **Banker**

**Receipt For:**  
 Primary  General  Other (specify) ▼

**Aggregate Year-to-Date ▼**  
**4.00000**

**Date of Receipt**  
**10 / 18 / 2016**

**Amount of Each Receipt this Period**  
**4.00.00**

Memo Item

C. **Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**Croom, George**

**Mailing Address**  
**13 Cedar Chine**

**City** **Ashville,** **State** **NC** **Zip Code** **28803**

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

**Name of Employer (for Individual)** **Carolina Alliance Bank** **Occupation (for Individual)** **Banker**

**Receipt For:**  
 Primary  General  Other (specify) ▼

**Aggregate Year-to-Date ▼**  
**500.00**

**Date of Receipt**  
**10 / 06 / 2016**

**Amount of Each Receipt this Period**  
**500.00**

Memo Item

**SUBTOTAL of Receipts This Page (optional)** **1,200.00**

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

2019-11-07 09:00:15

**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 7 OF 7	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
*South Carolina Bankers Assn. Federal PAC*

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Koch, Timothy*

Mailing Address  
*1705 College Street*

City  
*Columbia* State  
*SC* Zip Code  
*29208*

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

Name of Employer (for Individual)  
*TIB* Occupation (for Individual)  
*Banker*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*1,000.00*

Date of Receipt  
*11 / 01 / 2016*

Amount of Each Receipt this Period  
*1,000.00*

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*NBSC a division of Synovus*

Mailing Address  
*PO Drawer 1798*

City  
*Sumter* State  
*SC* Zip Code  
*29151*

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

Name of Employer (for Individual)  
*Bank* Occupation (for Individual)  
*Bank*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*3,500.00*

Date of Receipt  
*10 / 06 / 2016*

Amount of Each Receipt this Period  
*3,500.00*

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ *4,500.00*

**TOTAL** This Period (last page this line number only)..... ▶ *89,500.00*

2019-12-07 01:00:11-11-19

UNITED STATES POSTAL SERVICE

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL

PRIORITY MAIL PREST SERVICE

U.S. POSTAGE PAID COLUMBIA, SC 29201 DEC 06 16 AMOUNT \$22.95 R2304H109175-16



20463



1007



EL 572071795 US

PRIORITY MAIL EXPRESS



RECEIVED FEC MAIL CENTER 2016 DEC -7 AM 11:51

CUSTOMER USE ONLY FROM: (PLEASE PRINT) Donna Taylor SC3A PO Box 1483 Columbia SC 29202 PHONE (803) 774-0850

PAYMENT BY ACCOUNT (if applicable) USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service Act. No.

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 or local Post Office for availability.

TO: (PLEASE PRINT) PHONE ( ) 999 E Street, NW Washington, DC 20463 ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS tracking, visit USPS.com or call 800-222-1811. \$100.00 Insurance Included.

ORIGIN/POSTAL SERVICE USE ONLY PO ZIP Code 29201 Scheduled Delivery Date (MM/DD/YY) 12-7 Scheduled Delivery Time 10:30 AM Insurance Fee \$ COD Fee \$ Date Accepted (MM/DD/YY) 12-6 Return Receipt Fee \$ Live Animal Transportation Fee \$ Time Accepted 12:19 PM FRI Rate \$ Sunday/Holiday Premium Fee \$ Weight 14 lbs. Acceptance Employee Initials 07 Total Postage & Fees \$ 22.95 DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MM/DD/YY) Time Employee Signature Delivery Attempt (MM/DD/YY) Time Employee Signature

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9998 1-ORIGIN POST OFFICE COPY

UNITED STATES

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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.

20161207 01:00:12

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<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 12/6/16
<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

  
 PREPARER

12/7/16  
 DATE PREPARED