

FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

2014 OCT -7 AM 10: 22

Mike Hindley  
283 Cranes Roost Blvd  
Suite 111, Office #8  
Altamonte Springs, FL 32701  
Phone: 843-566-5482  
Fax: 843-628-4829

September 11, 2014

Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analyst Division  
999 E Street, NW  
Washington, DC 20463

RE: THUY LOWE FOR CONGRESS, YEAR -END REPORT 2013 & APRIL QUARTERLY REPORT 03/31/2014

Dear Ms. Beaufort:

Enclosed are amended forms for these two periods. I have tried everything I can do to e-file these with the proper corrections, but whether due to the data loss that I had in a hard drive crash in early April, or the less than user friendly software, I cannot get the program to make the necessary changes to respond to your letters of August 7, 2014. At this point, the best I can do is make the changes manually. I hope this will suffice, but it is the best that I can do.

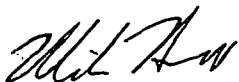
The issue with year-end report concerned not disclosing the ultimate vendor for in-kind contributions. There were only two transactions that reached the \$200 aggregate requirement. I've made those changes, reflected on page 15A for the one and 6C and 17C for the other.

The same issue existed for the April Quarterly report, however none of the transactions reached the \$200 aggregate requiring the info. I did provide some of the info anyway as another problem was that all of the in-kind descriptions somehow got left out. So, in providing that info I provided some vendor information.

The final issue with the April quarterly concerned the Election Cycle-to-date numbers being inaccurate. Again, this gets to my seeming inability to get the computer program to do what I need it to. I've made the necessary changes to those totals.

If there are any questions, I can be reached at the number above.

Sincerely,



Mike Hindley  
Campaign Treasurer



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

August 7, 2014

MIKE HINDLEY, TREASURER  
THUY LOWE FOR CONGRESS  
31622 BRONSON RD PO BOX 1555  
SORRENTO, FL 32776

**Response Due Date**  
**09/11/2014**

IDENTIFICATION NUMBER: C00550046

REFERENCE: YEAR-END REPORT (10/01/2013 - 12/31/2013)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Schedules A and B of your report disclose expenditures from the candidate's personal funds on behalf of the committee. Authorized committees must disclose all expenditures from personal funds made by the candidates on behalf of their committees, just as they would disclose any other disbursements that they may make. Out-of-pocket spending by candidates, as agents of their authorized committees, requires memo entry itemization of the ultimate vendor if the aggregate amount of payments to that vendor exceeds \$200 for the election cycle. The memo entry must include the date, amount, and purpose of the out-of-pocket payments, as well as the name and address of the vendor to which payment was made. Please amend your report to include the missing information on Schedule B or indicate that memo entry itemization is not required. (2 U.S.C. §§ 434(b)(4), (5), (6)(A); 11 CFR § 104.3(b)(4); Federal Register Notice 2013-09)

**Please note, you will not receive an additional notice from the Commission on this matter.** Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

THUY LOWE FOR CONGRESS

Page 2 of 2

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1187.

Sincerely,



Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division

428

0000 0000 0000 0000

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
2014 OCT -7 AM 9:14  
FEC MAIL CENTER

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

THUY LOWE FOR CONGRESS

ADDRESS (number and street) 31622 BRONSON RD  
PO BOX 1555  
SORRENTO FL 32776

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00550046 IS THIS REPORT NEW (N) OR AMENDED (A) X  
FL 05

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2)  
October 15 Quarterly Report (Q3)  
X January 31 Year-End Report (YE)  
*1st Amended*  
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  
(c) 30-Day POST-Election Report for the:  
General (30G) Runoff (30R) Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 01 2013 through M M / D D / Y Y Y Y 12 31 2013

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 Mr. Mike Hindley

Signature of Treasurer *Mike Hindley* Date 10 01 2014

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								
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FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 18

Write or Type Committee Name  
**THUY LOWE FOR CONGRESS**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 10 01 2013 To: <sup>M M / D D / Y Y Y Y</sup> 12 31 2013

	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)) .....	3366.61	3598.50
(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)) .....	3366.61	3598.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3082.15	3314.04
(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)) .....	3082.15	3314.04
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	284.46	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

Write or Type Committee Name

**THUY LOWE FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 01 2013 To: M M / D D / Y Y Y Y 12 31 2013

**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) .....	1964.00	1964.00
(ii) Unitemized .....	970.00	970.00
(iii) TOTAL of contributions from individuals .....	2934.00	2934.00

(b) Political Party Committees .....

	0.00	0.00
--	------	------

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

	0.00	0.00
--	------	------

(d) The Candidate .....

	432.61	664.50
--	--------	--------

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..	3366.61	3598.50
---	---------	---------

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
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16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....	3366.61	3598.50
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**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3082.15	3314.04
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) ▶	3082.15	3314.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3366.61
25. SUBTOTAL (add Line 23 and Line 24).....	3366.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3082.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	284.46

**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)		PAGE 5 OF 18	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Karl Altenburger</b>		Date of Receipt M M / D D / Y Y Y Y 10 30 2013
Mailing Address 724 SE 24th Ter		Transaction ID : SA11AI.4130
City Ocala	State Zip Code FL 34471	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Ocala Allergy & Immunology	Occupation Doctor	250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Bryan Demkowicz</b>		Date of Receipt M M / D D / Y Y Y Y 10 17 2013
Mailing Address 10739 SW 62nd Ave		Transaction ID : SA11AI.4124
City Ocala	State Zip Code FL 34476	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer none	Occupation retired	300.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Bryan Demkowicz</b>		Date of Receipt M M / D D / Y Y Y Y 11 10 2013
Mailing Address 10739 SW 62nd Ave		Transaction ID : SA11AI.4140
City Ocala	State Zip Code FL 34476	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer none	Occupation retired	500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

14940252720



**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)	PAGE 6 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sean McLaughlin</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 09 / 2013
Mailing Address 2225 SW 86th Terrace			Transaction ID : SA11AI.4161
City Gainesville	State FL	Zip Code 32607	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Urologic Solutions	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Daniel Robertson</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2013
Mailing Address 2456 SW 7th Ave			Transaction ID : SA11AI.4139
City Ocala	State FL	Zip Code 34471	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ocala Neurosurgical Center	Occupation Neuro Surgeon		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>C. Shaff, Robert</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 1125 Robie Ave			Transaction ID : SA11AI.4224
City Mount Dora	State FL	Zip Code 32757	Amount of Each Receipt this Period 214.00
FEC ID number of contributing federal political committee. <b>C</b>			In-kind - Campaign banners (50%)
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 214.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	964.00
<b>TOTAL</b> This Period (last page this line number only).....	

14940252721

**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)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Vincent Volpe</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 10 / 2013
A. Mailing Address 25146 Cranes Roost Cir		Transaction ID : SA11AI.4147
City Leesburg	State FL	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation retired	, , .
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
B. Mailing Address		, , .
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		, , .
City	State	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	1964.00

14940252722

**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)	PAGE 8 OF 18	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013
A. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4174
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 16.00
Name of Employer none	Occupation none	In-kind - office supplies
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	247.89

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013
B. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4176
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 1.00
Name of Employer none	Occupation none	In-kind - printing
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	248.89

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt MM / DD / YYYY 10 / 13 / 2013
C. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4184
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 10.00
Name of Employer none	Occupation none	In-kind - Maps-Putnam
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	258.89

<b>SUBTOTAL</b> of Receipts This Page (optional).....	27.00
<b>TOTAL</b> This Period (last page this line number only).....	

14940252723

**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)	PAGE 9 OF 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 15

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)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2013
A. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4178
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 289.68
Name of Employer none	Occupation none	In-kind - printing
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 548.57	

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 23 / 2013
B. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4180
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 5.00
Name of Employer none	Occupation none	In-kind - Maps-Clay County
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 553.57	

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2013
C. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4182
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 15.00
Name of Employer none	Occupation none	In-kind - Hotel parking
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 568.57	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	309.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 18
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 08 / 2013
A. Mailing Address <b>31622 BRONSON ROAD</b> <b>PO BOX 1555</b>		Transaction ID : <b>SA11D.4256</b>
City <b>SORRENTO</b>	State <b>FL</b>	
Zip Code <b>32776</b>		Amount of Each Receipt this Period  5.00
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		
Name of Employer none	Occupation none	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date  573.57		

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 22 / 2013
B. Mailing Address <b>31622 BRONSON ROAD</b> <b>PO BOX 1555</b>		Transaction ID : <b>SA11D.4257</b>
City <b>SORRENTO</b>	State <b>FL</b>	
Zip Code <b>32776</b>		Amount of Each Receipt this Period  5.00
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		
Name of Employer none	Occupation none	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date  578.57		

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 23 / 2013
C. Mailing Address <b>31622 BRONSON ROAD</b> <b>PO BOX 1555</b>		Transaction ID : <b>SA11D.4190</b>
City <b>SORRENTO</b>	State <b>FL</b>	
Zip Code <b>32776</b>		Amount of Each Receipt this Period  25.00 In-kind - Maps-Jacksonville
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		
Name of Employer none	Occupation none	Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Election Cycle-to-Date  603.57		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

FRONT PAGE 00-00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 18
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11d
		<input type="checkbox"/> 13b
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2013
A. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4258
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 10.00
Name of Employer none	Occupation none	613.57
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2013
B. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4172
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 25.00
Name of Employer none	Occupation none	638.57
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		In-kind - Maps-Alachua

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2013
C. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4247
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 10.93
Name of Employer none	Occupation none	649.50
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		In-kind - Christmas parade supplies

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.93
<b>TOTAL</b> This Period (last page this line number only).....	

11-010 - FINO - 010-11

**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)	PAGE 12 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>THUY LOWE</b>		Date of Receipt M M / D D / Y Y Y Y 12 15 2013
A. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4192
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. <b>C H4FL05073</b>		Amount of Each Receipt this Period 15.00
Name of Employer none	Occupation none	In-kind - Tablecloth
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 664.50	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
B. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y
C. Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15.00
<b>TOTAL</b> This Period (last page this line number only).....	432.61

FROM: AND: BOON

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

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Copyfax</b>		Date of Disbursement MM / DD / YYYY 12 / 09 / 2013
Mailing Address 5310 Alpha Dr		Amount of Each Disbursement this Period 225.60 <b>Transaction ID : SB17.4233</b>
City Orlando	State FL Zip Code 32810	
Purpose of Disbursement Printing	006	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Copyfax</b>		Date of Disbursement MM / DD / YYYY 12 / 20 / 2013
Mailing Address 5310 Alpha Dr		Amount of Each Disbursement this Period 150.17 <b>Transaction ID : SB17.4215</b>
City Orlando	State FL Zip Code 32810	
Purpose of Disbursement Printing campaign material	006	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Data Merchant Services Corporation</b>		Date of Disbursement MM / DD / YYYY 12 / 11 / 2013
Mailing Address PO Box 6604		Amount of Each Disbursement this Period 332.73 <b>Transaction ID : SB17.4238</b>
City Hagerstown	State MD Zip Code 21741	
Purpose of Disbursement Merchant account initial setup fees	001	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	708.50
<b>TOTAL</b> This Period (last page this line number only).....	

FROM ANTO GONIN



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

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period  16.00 <b>Transaction ID : SB17.4175</b>
City SORRENTO	State FL	
Zip Code 32776	Purpose of Disbursement In-kind - office supplies	Category/ Type 001
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 05	

Full Name (Last, First, Middle Initial) <b>B. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period  1.00 <b>Transaction ID : SB17.4177</b>
City SORRENTO	State FL	
Zip Code 32776	Purpose of Disbursement In-kind - printing	Category/ Type 003
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 05	

Full Name (Last, First, Middle Initial) <b>C. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period  10.00 <b>Transaction ID : SB17.4185</b>
City SORRENTO	State FL	
Zip Code 32776	Purpose of Disbursement In-kind - Maps-Putnam	Category/ Type 002
Candidate Name	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27.00
<b>TOTAL</b> This Period (last page this line number only).....	

FROM: HMO: 00-14

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

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period  289.68 <b>Transaction ID : SB17.4179</b>
City SORRENTO	State FL	
Purpose of Disbursement In-kind - printing: <i>Copyfax, 5310 Alpha Dr., Orlando, FL 32810</i>		Category/ Type 003
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 05	

Full Name (Last, First, Middle Initial) <b>B. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period  5.00 <b>Transaction ID : SB17.4181</b>
City SORRENTO	State FL	
Purpose of Disbursement In-kind - Maps-Clay County		Category/ Type 002
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 05	

Full Name (Last, First, Middle Initial) <b>C. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period  15.00 <b>Transaction ID : SB17.4183</b>
City SORRENTO	State FL	
Purpose of Disbursement In-kind - Hotel parking		Category/ Type 002
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	309.68
<b>TOTAL</b> This Period (last page this line number only).....	

1-800-4-A-M-O - 30-1-10



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

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THUY LOWE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.4193</b>
City SORRENTO State FL Zip Code 32776	Purpose of Disbursement In-kind - Tablecloth	
Candidate Name	001 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 05		

Full Name (Last, First, Middle Initial) <b>B. Daniel Robertson</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 2456 SW 7th Ave		Amount of Each Disbursement this Period 415.00 <b>Transaction ID : SB17.4249</b>
City Ocala State FL Zip Code 34471	Purpose of Disbursement Reimbursement (same day) for Reagan dinner in Alachua County	
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sharff, Robert</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2013
Mailing Address 1125 Robie Ave		Amount of Each Disbursement this Period 214.00 <b>Transaction ID : SB17.4226</b>
City Mount Dora State FL Zip Code 32757	Purpose of Disbursement In-kind - Campaign banners (50%); Sharp Design, 1125 Robie Ave, Mt Dora FL 32757	
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	644.00
<b>TOTAL</b> This Period (last page this line number only).....	

11-000-0001-0001

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

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NAME OF COMMITTEE (In Full)  
**THUY LOWE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sharp Design</b>		Date of Disbursement M M / D D / Y Y Y Y 12 24 / 2013
Mailing Address 1125 Robie Ave		Amount of Each Disbursement this Period 214.00 Transaction ID : SB17.4251
City Mount Dora State FL Zip Code 32757	Purpose of Disbursement Campaign banners (50%) Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

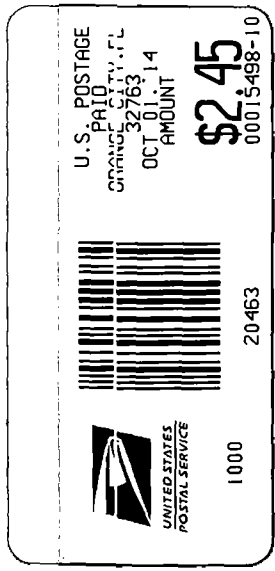
Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	214.00
<b>TOTAL</b> This Period (last page this line number only).....	1964.11

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01-000 : 01N- : W024H

rdley  
ines Root Blvd  
Office #8  
e Springs, FL 32701



Attn Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analyst Division  
999 E Street, NW  
Washington, DC 20463

RECEIVED  
2014 OCT -7 AM 9:14  
FEC MAIL CENTER

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.

143011-1-0101-0101

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 10/1/14
<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 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

*JAD*  
 PREPARER  
 (8/2013)

10/7/14  
 DATE PREPARED