

**FEC  
FORM 3P**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED  
FEC MAIL CENTER

2015 OCT 26 AM 8:45

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

ELAINE WHIGHAM WILLIAMS FOR PRESIDENT 2016

4510 EVERGLADE ST

ADDRESS (number and street)

Check if different than previously reported. (ACC)

COCOA

CITY

FL

STATE

32922

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00558999

3. THIS REPORT IS FOR Primary  or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

April 15 (Q1)

October 15 (Q3)

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)

July 15 (Q2)

January 31 Year-End Report (YE)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

Thirtieth day report following the General Election

on MM/DD/YYYY

Twelfth day report preceding election

on MM/DD/YYYY in the State of

Is this Report an Amendment?

yes  no

5. Covering Period

04 / 15 / 2015

through

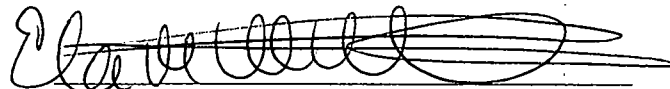
07 / 15 / 2015

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

Elaine Whigham Williams

Signature of Treasurer



Date

10 / 14 / 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. All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

Eaine Whigham Williams for President 2016

Report Covering the Period:

From:

04 / 13 / 2015

To:

07 / 15 / 2015

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	1,150,500.00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	1,150,500.00
8. SUBTOTAL (Lines 6 and 7) .....	1,150,500.00
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	30.00
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8) .....	
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	30.00
13. EXPENDITURES SUBJECT TO LIMITATION .....	0.00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	1,150,470.00
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	30.00

UNFINISHED BUSINESS

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3P (Rev. 03/2011)

Page 3

NAME OF COMMITTEE (in Full)

Elaine Whigham Williams For President 2016

Report Covering the Period:

From:

04 ' 15 ' 2015

To:

07 ' 15 ' 2015

**I. RECEIPTS**

**COLUMN A**  
Total This Period

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

16. FEDERAL FUNDS (Itemize on Schedule A-P).....	000	500000
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	000	000
(ii) unitemized .....	11,504,970.00	11,504,970.00
(iii) Total contributions .....	11,504,970.00	11,504,970.00
(b) Political Party Committees.....	000	000
(c) Other Political Committees.....	000	000
(d) The Candidate.....	000	000
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	11,504,970.00	11,505,000.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	000	000
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate.....	000	000
(b) Other Loans.....	000	000
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	000	000
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	000	000
(b) Fundraising.....	000	000
(c) Legal and Accounting .....	000	000
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	000	000
21. OTHER RECEIPTS (Dividends, Interest, etc.).....	000	000
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	11,504,970.00	11,505,000.00

NON-FUNCTIONAL

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

Page 4

NAME OF COMMITTEE (in Full)

ELAINE WHIGHAM WILLIAMS FOR PRESIDENT 2016

Report Covering the Period: From:

04 / 15 / 2015

To:

07 / 15 / 2015

**II. DISBURSEMENTS**

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	3000	18000
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	000	000
25. FUNDRAISING DISBURSEMENTS .....	000	000
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	000	000
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	000	000
(b) Other Repayments.....	000	000
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	000	000
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	000	000
(b) Political Party Committees.....	000	000
(c) Other Political Committees .....	000	000
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	000	000
29. OTHER DISBURSEMENTS .....	000	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	3000	18000

**III. CONTRIBUTED ITEMS  
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	000	000
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20150715 10:00 AM

**ALLOCATION OF PRIMARY EXPENDITURES  
 BY STATE FOR  
 A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving  
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C00558999

ELAINE W. HIGHAM WILLIAMS FOR PRESIDENT 2016

ADDRESS (number and street)

4510 EVERGLADE ST

COCOA

CITY

FL

STATE

32922-1

ZIP CODE

3. NAME OF CANDIDATE

ELAINE W. HIGHAM WILLIAMS FOR PRESIDENT 2016

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona	150,000.00	150,000.00
Arkansas	100,000.00	100,000.00
California	10,000,000.00	10,000,000.00
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida	250,000.00	250,000.00
Georgia	5,000.00	5,000.00
Hawaii	0.00	0.00
Idaho		
Illinois		

2015-10-26 09:00 AM 00000010

## EXPENDITURES SUBJECT TO LIMIT

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

NAME OF COMMITTEE (in Full)

ELAINE WILGHIAMS FOR PRESIDENT 2016

Report Covering the Period:

From:

04 15 2015

To:

07 15 2015

<p>A. OPERATING EXPENDITURES (Line 23, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">3000</div>
<p>B. OPERATING OFFSETS Line 20a, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>C. <b>CURRENT YEAR NET OPERATING EXPENDITURES</b> (Subtract Line B from A).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">18000</div>
<p>D. PRIOR YEAR(S) OPERATING EXPENDITURES .....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>E. PRIOR YEAR(S) OPERATING OFFSETS .....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>F. <b>PRIOR YEAR(S) NET OPERATING EXPENDITURES</b> (Subtract Line E from D).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>G. FUNDRAISING DISBURSEMENTS (Line 25, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>H. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G) .....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS.....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS.....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J) .....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>M. TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L) .....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>N. 20% EXEMPTION (20% of Overall Expenditure Limit).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>O. <b>TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT</b> (Subtract Line N from M).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">000</div>
<p>P. <b>TOTAL EXPENDITURES SUBJECT TO LIMITATION</b> (Add Lines C, F and O).....</p>	<div style="border: 1px solid black; padding: 2px; width: 100%;">18000</div>

2015-10-20 10:00 AM

2014-10-20 10:00 AM

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

2010010000 100 0000000000

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS	11,500,000.00	11,505,000.00



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<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)

Edine WRIGHTHAM Williams FOR PRESIDENT 2016

**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

MM / DD / YYYY

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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Receipt this Period

\_\_\_\_\_

Subtotal Of Receipts This Page (optional).....

\_\_\_\_\_ 0.00

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

\_\_\_\_\_

NON-PROFIT ORGANIZATION

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)

EAINE WIGHTAM WILLIAMS FOR PRESIDENT 2016

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/Type	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

B.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/Type	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

C.		Date of Disbursement	
Mailing Address		MM / DD / YYYY	
City State Zip Code		Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/Type	
Candidate Name		Amount of Each Disbursement this Period	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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

NON-FUNCTIONAL

**SCHEDULE C-P  
LOANS**

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

*Elaine WRIGHTHAM Williams FOR PRESIDENT 2016*

LOAN SOURCE / Full Name (Last, First, Middle Initial)

*N/A*

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

[Empty field for Original Amount of Loan]

Cumulative Payment To Date

[Empty field for Cumulative Payment To Date]

Balance Outstanding at Close of This Period

[Empty field for Balance Outstanding at Close of This Period]

**TERMS**

Date Incurred  
M M / D D / Y Y Y Y Y

Date Due  
M M / D D / Y Y Y Y Y

Interest Rate  
[Empty field] % (apr)

Secured:  
 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: [Empty field]

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Empty field]

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Empty field]

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Empty field]

Subtotal Of Receipts This Page (optional).....

[Empty field for Subtotal Of Receipts This Page]

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

[Empty field for Total This Period]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NONPROFIT CORPORATION

**LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS**

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C100558999

Elaine Witham Williams for President 2016

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

N/A NO LOANS TAKEN BY COMMITTEE

CITY STATE ZIP CODE

AMOUNT OF LOAN

000

INTEREST RATE (APR)

000%

DATE INCURRED OR ESTABLISHED

MM / DD / YYYY

DATE DUE

MM / DD / YYYY

A. Has loan been restructured?

No  Yes

If yes, date originally incurred:

MM / DD / YYYY

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-P)

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, or future receipts of public financing pledged as collateral for this loan?

No  Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

MM / DD / YYYY

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

MM / DD / YYYY

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 demonstrate that it assures repayment.

20110303 10:00:00 AM

G. Type or Print Name of Committee Treasurer

Ernie William Williams FOR PRESIDENT 2014

Signature of Treasurer

*[Handwritten Signature]*

Date

10 / 15 / 2015

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. 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.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. 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 in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Signature of Authorized Representative

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

NON-FUNCTIONAL DOCUMENT

**SCHEDULE D-P**

**DEBTS AND OBLIGATIONS (Excluding Loans)**

NAME OF COMMITTEE (In Full)

ELAINE WHIGHAM WILLIAMS FOR PRESIDENT 2016

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

VISTAPRINT

Nature of Debt (Purpose):

WEBSITE

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

30.00

Amount Incurred This Period

45.00

Payment This Period

15.00

Outstanding Balance at Close of This Period

30.00

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) .....

30.00

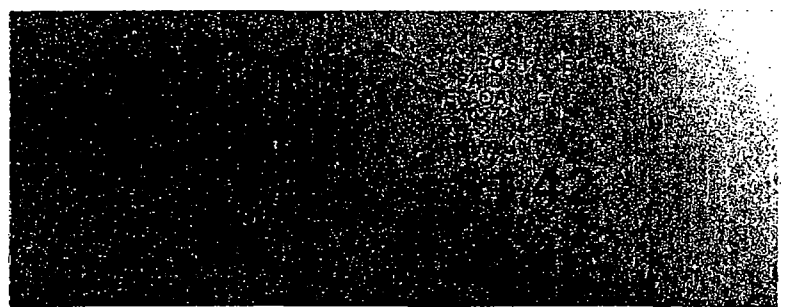
2) TOTALS This Period (last page this line number only) .....

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) .....

NON-PROFIT ORGANIZATION

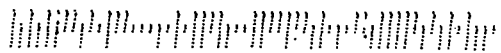
ams for President 2016



FIRST CLASS

Federal Elections Commission  
999 E. Street N.W.  
Washington, D.C. 20463

RECEIVED  
FEC MAIL CENTER  
2015 OCT 26 AM 8:45



NOV 11 10:20 AM '15

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	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked <i>10/26/15</i>
<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

PREPARER  
 (3/2015)

*JA*

*10/26/15*  
 DATE PREPARED

NOV 11 10 11 AM '15