

FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

2014 OCT -7 AM 10: 22

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: APRIL QUARTERLY REPORT (01/01/2014 - 03/31/2014)

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 3 item(s):

1. The totals listed on Lines 6(a), 6(c), 7(a), 7(c), 11(a)(iii), 11(d), 11(e), 16, 17, 22, Column B of the Summary and Detailed Summary Pages appear to be incorrect. Column B figures for the Summary and Detailed Summary Pages should equal the sum of the Column B figures on your previous report and the Column A figures on this report. Please file an amendment to your report to correct the Column B discrepancies for this report and all subsequent report(s) which may be affected by this correction. Note that Column B should reflect only the election cycle-to-date totals (11/7/12 through 11/4/14). (2 U.S.C. § 434(b) and 11 CFR § 104.3)

2. 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

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THUY LOWE FOR CONGRESS

Page 2 of 2

Register Notice 2013-09)

3. Itemized disbursements must include a brief statement or description of why each disbursement was made. Please amend Schedule B supporting Line 17 of your report to clarify the following description: "In-kind -." For further guidance regarding acceptable purposes of disbursement, please refer to 11 CFR 104.3(b)(4)(i)(A).

Additional clarification regarding inadequate purposes of disbursement published in the Federal Register is available on the FEC website at www.fec.gov/law/policy/purposeofdisbursement/inadequate_purpose_list_3507.pdf. A non-exhaustive list of acceptable purposes is also available on the FEC website at <http://www.fec.gov/rad/pacs/documents/ExamplesofAdequatePurposes.pdf>.

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.**

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

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
2014 OCT -7 AM 9:15

Office Use Only
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 X AMENDED (A) STATE ▼ DISTRICT
FL 05

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
X April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
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 01 01 2014 through 03 31 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 Mike Hindley
Signature of Treasurer [Signature] 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.

Table with 10 columns and 1 row. The first column is labeled 'Office Use Only'. The last column contains 'FEC FORM 3 (Revised 02/2003)'. The rest of the cells are empty.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
THUY LOWE FOR CONGRESS

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 / 01 / 2014 To: ^{M M / D D / Y Y Y Y} 03 / 31 / 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))	3954.55	7,553.05
(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))	3954.55	7,553.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3989.31	7,303.35
(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))	3989.31	7,303.35
8. Cash on Hand at Close of Reporting Period (from Line 27)	549.70	
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)	300.00	

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 / 18

Write or Type Committee Name

THUY LOWE FOR CONGRESS

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2014 To: MM / DD / YYYY 03 / 31 / 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).....

2250.00

4,214.00

(ii) Unitemized.....

1089.94

2,059.94

(iii) TOTAL of contributions from individuals ▶

3339.94

6,273.94

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

614.61

1,279.11

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

3954.55

7,553.05

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

0.00

0.00

13. LOANS:

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

300.00

300.00

(b) All Other Loans.....

0.00

0.00

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

300.00

300.00

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)..... ▶

4254.55

7,853.05

FROM: FUND: 0000

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 18

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3989.31	7,303.35
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	3989.31	7,303.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	284.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4254.55
25. SUBTOTAL (add Line 23 and Line 24).....	4539.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3989.31
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	549.70

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 OF 18			
	(check only one)	<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) A. Douglas Duerr			Date of Receipt MM / DD / YYYY 01 / 13 / 2014
Mailing Address 16238 E Shirley Shores Dr			Transaction ID : SA11AI.4137
City Tavares	State FL	Zip Code 32778	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired		, , 250.00
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. David Hall			Date of Receipt MM / DD / YYYY 02 / 12 / 2014
Mailing Address 25711 Timuquana Dr			Transaction ID : SA11AI.4287
City Sorrento	State FL	Zip Code 32776	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer Retired	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		

Full Name (Last, First, Middle Initial) C. Diana Mullins			Date of Receipt MM / DD / YYYY 01 / 13 / 2014
Mailing Address 16238 E Shirley Shores Dr			Transaction ID : SA11AI.4139
City Tavares	State FL	Zip Code 32778	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired		, , 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

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

149001-1-001-1-0001

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

<input checked="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

A. Full Name (Last, First, Middle Initial)
Fitzhugh Powell

Mailing Address **PO Box 41490**

City **Jacksonville** State **FL** Zip Code **32203**

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

Name of Employer **Power Insurance** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2014

Transaction ID : **SA11AI.4161**

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Thomas Powell

Mailing Address **219 N Newman St**

City **Jacksonville** State **FL** Zip Code **32202**

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

Name of Employer **Powell Insurance** Occupation **Insurance sales**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
01 / 19 / 2014

Transaction ID : **SA11AI.4141**

Amount of Each Receipt this Period

250.00

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).....	1250.00
TOTAL This Period (last page this line number only).....	2250.00

FROM: AMO - BOND

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 18
	(check only one)	
	<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) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 01 / 10 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4104
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 93.81
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 93.81	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4106
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 15.00
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 108.81	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 01 / 19 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4102
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 75.00
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 183.81	

SUBTOTAL of Receipts This Page (optional).....	183.81
TOTAL This Period (last page this line number only).....	

BRONSON ROAD

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 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

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NAME OF COMMITTEE (In Full)
THUY LOWE FOR CONGRESS

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4108
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 7.00
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 190.81	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4110
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 7.20
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 198.01	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4114
City SORRENTO	State Zip Code FL 32776	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 50.00
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 248.01	

SUBTOTAL of Receipts This Page (optional).....	64.20
TOTAL This Period (last page this line number only).....	

1-11-2014 10:10:10 AM

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<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) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 02 / 15 / 2014
A. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4116
City SORRENTO	State FL	
Zip Code 32776		Amount of Each Receipt this Period In-kind - 15.00
FEC ID number of contributing federal political committee. C H4FL05073		
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 263.01	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2014
B. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4118
City SORRENTO	State FL	
Zip Code 32776		Amount of Each Receipt this Period In-kind - 8.40
FEC ID number of contributing federal political committee. C H4FL05073		
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 271.41	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2014
C. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4120
City SORRENTO	State FL	
Zip Code 32776		Amount of Each Receipt this Period In-kind - 150.00
FEC ID number of contributing federal political committee. C H4FL05073		
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 421.41	

SUBTOTAL of Receipts This Page (optional).....	173.40
TOTAL 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: (check only one)	PAGE 10 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	

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) THUY LOWE		Date of Receipt MM / DD / YYYY 03 / 03 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4122
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 9.20
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 430.61	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt MM / DD / YYYY 03 / 13 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4124
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 12.10
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 442.71	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt MM / DD / YYYY 03 / 17 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4126
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 17.50
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 460.21	

SUBTOTAL of Receipts This Page (optional).....	38.80
TOTAL This Period (last page this line number only).....	

UNLINDO | QWERTY | WQERTY

**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 11 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	

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) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2014
A. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4128
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 121.30
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 581.51	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
B. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4130
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 19.00
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.51	

Full Name (Last, First, Middle Initial) THUY LOWE		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
C. Mailing Address 31622 BRONSON ROAD PO BOX 1555		Transaction ID : SA11D.4132
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C H4FL05073		Amount of Each Receipt this Period 14.10
Name of Employer none	Occupation none	In-kind -
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 614.61	

SUBTOTAL of Receipts This Page (optional).....	154.40
TOTAL This Period (last page this line number only).....	614.61

1-800-4-A-NO-1-2011

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 18
	(check only one)	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input 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) THUY LOWE FOR CONGRESS		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2014
A. Mailing Address 31622 BRONSON RD PO BOX 1555		Transaction ID : SA13A.4143
City SORRENTO	State FL	
FEC ID number of contributing federal political committee. C C00550046		Amount of Each Receipt this Period 300.00
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 300.00	

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	
FEC ID number of contributing federal political committee. C		
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	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	300.00

1-800-4-FEDS

**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) A. Copyfax		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 5310 Alpha Dr		Amount of Each Disbursement this Period 324.83 Transaction ID : SB17.4238
City Orlando	State FL	
Purpose of Disbursement Printing campaign materials	Candidate Name	Category/ Type 006
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. Copyfax		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 5310 Alpha Dr		Amount of Each Disbursement this Period 164.01 Transaction ID : SB17.4260
City Orlando	State FL	
Purpose of Disbursement Printing campaign materials	Candidate Name	Category/ Type 006
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) C. Duval Lincoln Center		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 4963 Beach Blvd		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4261
City Jacksonville	State FL	
Purpose of Disbursement Dinner & advertisement	Candidate Name	Category/ Type 007
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:		

SUBTOTAL of Disbursements This Page (optional).....	1088.84
TOTAL This Period (last page this line number only).....	

131011 - AMNO - 010110

**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="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) A. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4115
City SORRENTO	State FL	
Zip Code 32776	Disbursement For: 2014	Category/ Type 007
Purpose of Disbursement In-kind - <i>FL Defense Association Conference</i>	<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name	Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 05		

Full Name (Last, First, Middle Initial) B. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.4117
City SORRENTO	State FL	
Zip Code 32776	Disbursement For: 2014	Category/ Type 007
Purpose of Disbursement In-kind - <i>Booth in Green Cove Springs - Business League</i>	<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name	Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 05		

Full Name (Last, First, Middle Initial) C. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 8.40 Transaction ID : SB17.4119
City SORRENTO	State FL	
Zip Code 32776	Disbursement For: 2014	Category/ Type 003
Purpose of Disbursement In-kind - <i>Petitions: Seminole Supervisor of Elections</i>	<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name	Office Sought: <input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: FL District: 05		

SUBTOTAL of Disbursements This Page (optional).....	73.40
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)			
	<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) A. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4121
City SORRENTO	State FL	
Zip Code 32776	Disbursement For: 2014	Category/ Type 007
Purpose of Disbursement In-kind - <i>Ocala Campaign School: Victory 360 Inc. Ocala, FL 34782</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name	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. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 9.20 Transaction ID : SB17.4123
City SORRENTO	State FL	
Zip Code 32776	Disbursement For: 2014	Category/ Type 003
Purpose of Disbursement In-kind - <i>Petitions: Orange Supervisor of Elections</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name	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) C. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 12.10 Transaction ID : SB17.4125
City SORRENTO	State FL	
Zip Code 32776	Disbursement For: 2014	Category/ Type 003
Purpose of Disbursement In-kind - <i>Petitions: Clay Supervisor of Elections</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 05

SUBTOTAL of Disbursements This Page (optional).....	171.30
TOTAL This Period (last page this line number only).....	

FRONT - AND - CONTACT

**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 16 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) A. THUY LOWE		Date of Disbursement MM / DD / YYYY 03 / 17 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 17.50 Transaction ID : SB17.4127
City SORRENTO	State FL	
Purpose of Disbursement In-kind - <i>Petitions: Clay Supervisor of Elections</i>	Candidate Name	003 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. THUY LOWE		Date of Disbursement MM / DD / YYYY 03 / 18 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 121.30 Transaction ID : SB17.4129
City SORRENTO	State FL	
Purpose of Disbursement In-kind - <i>Campaign shirts: Striking Effects 2095 Bay Rd. Mt. Dora, FL 32757</i>	Candidate Name	006 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) C. THUY LOWE		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 19.00 Transaction ID : SB17.4131
City SORRENTO	State FL	
Purpose of Disbursement In-kind - <i>Petitions: Putnam Supervisor of Elections</i>	Candidate Name	003 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	

SUBTOTAL of Disbursements This Page (optional).....	157.80
TOTAL This Period (last page this line number only).....	

LINDA HANG SIGNATURE

**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)

<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) A. THUY LOWE		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 31622 BRONSON ROAD PO BOX 1555		Amount of Each Disbursement this Period 14.10 Transaction ID : SB17.4133
City SORRENTO State FL Zip Code 32776	Category/Type 003	
Purpose of Disbursement In-kind - <i>Petitions: David Supervisor of Elections</i>	Candidate Name	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. St Phillip PhanVan Minh		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014
Mailing Address 15 W Par St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4206
City Orlando State FL Zip Code 32804	Category/Type 007	
Purpose of Disbursement Vietnamese New Year Festival	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	514.10
TOTAL This Period (last page this line number only).....	2005.44

170011-1100-01000

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **THUY LOWE FOR CONGRESS** Transaction ID : **SC/10.4143**

LOAN SOURCE Full Name (Last, First, Middle Initial) THUY LOWE FOR CONGRESS		Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 31622 BRONSON RD PO BOX 1555		
City	State	ZIP Code
SORRENTO	FL	32776

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	MO2 / DO3 / Y2014	MM / DD / YY 11/30/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....	▶	300.00
TOTALS This Period (last page in this line only).....	▶	300.00

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

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te Springs, FL 32701

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

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Federal Election Commission
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<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

QAL
 PREPARER
 (8/2013)

10/7/14
 DATE PREPARED