

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

RECEIVED

PAGE 1 OF 8
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural		2015 FEB 18 AM 8:47 FEC MAIL CENTER	FEC IDENTIFICATION NUMBER C00567172
Check if <input checked="" type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		10	17 2014

Full Name of Payee WANO	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address P.O. Box 823	Amount 26250
City Middlesboro	State Ky
Zip Code 40965	Date of Disbursement or Obligation 10 16 2014
Purpose of Expenditure Radio Ads	Category/Type 004

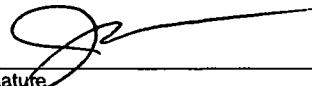
Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____
Calendar Year-To-Date Per Election for Office Sought 7,499.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) _____	
		State: Ky	

Full Name of Payee WFXy	Date of Public Distribution/Dissemination 10 20 2014
Mailing Address P.O. Box 823	Amount 26250
City Middlesboro	State Ky
Zip Code 40965	Date of Disbursement or Obligation 10 16 2014
Purpose of Expenditure Radio Ads	Category/Type 004

Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____
Calendar Year-To-Date Per Election for Office Sought 7,761.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) _____	
		State: Ky	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52500
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **02** **09** **2014**

1-1004-1001-1001-1001

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/17/2014	

Full Name of Payee THE MANCHESTER ENTERPRISE	Date of Public Distribution/Dissemination 10/20/2014
Mailing Address P.O. Box 449	Amount 300.00
City MANCHESTER State Ky Zip Code 40962	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McCONNELL <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8,061.75	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee FORCHT BROADCASTING	Date of Public Distribution/Dissemination 10/20/2014
Mailing Address 534 Tobacco Rd.	Amount 375.00
City LONDON State Ky Zip Code 40741	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Radio Ads Category/Type 004	Name of Federal Candidate Mitch McCONNELL <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 8,436.75	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	67,500
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **02/09/2015**

11054 - 0011 - 100111

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/17/2014	

Full Name of Payee Forcht Broadcasting	Date of Public Distribution/Dissemination 10/20/2014
Mailing Address P.O. Box 1480	Amount 23750
City State Zip Code SOMERSET Ky 42502	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Mitch McCONNELL	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 867425	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee WHAY Radio	Date of Public Distribution/Dissemination 10/20/2014
Mailing Address P.O. Box 69	Amount 37500
City State Zip Code Whitley City Ky 42653	Date of Disbursement or Obligation 10/16/2014
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Mitch McCONNELL	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 904925	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61250
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature 

Date **02/09/2015**

11-00000-10-2014

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 8
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Bluegrass Rural</u>	FEC IDENTIFICATION NUMBER <u>C00567172</u>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <u>10/17/2014</u>	

Full Name of Payee <u>WPRT East Ky Broadcasting</u>	Date of Public Distribution/Dissemination <u>10/20/2014</u>
Mailing Address <u>P.O. Box 2200</u>	Amount <u>4,000.00</u>
City <u>PIKEVILLE</u> State <u>Ky</u> Zip Code <u>41502</u>	Date of Disbursement or Obligation <u>10/16/2014</u>
Purpose of Expenditure <u>Radio Ads</u> Category/Type <u>004</u>	

Name of Federal Candidate <u>Mitch McConnell</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <u>Ky</u>
Calendar Year-To-Date Per Election for Office Sought <u>9,449,25</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>MLB RESEARCH ASSOCIATES</u>	Date of Public Distribution/Dissemination <u>10/16/2014</u>
Mailing Address <u>54 Stage Rd.</u>	Amount <u>2,627.5</u>
City <u>Williamsburg</u> State <u>MA</u> Zip Code <u>01096</u>	Date of Disbursement or Obligation <u>10/16/2014</u>
Purpose of Expenditure <u>VETERANS FLYER</u> Category/Type <u>006</u>	

Name of Federal Candidate <u>Mitch McConnell</u>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <u>Ky</u>
Calendar Year-To-Date Per Election for Office Sought <u>9,712.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<u>6,627.5</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature [Handwritten Signature] Date 10/09/2015

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

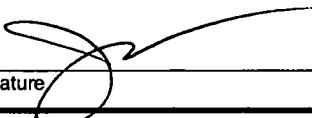
NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 00567172
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/17/2014	

Full Name of Payee Cadiz Record	Date of Public Distribution/Dissemination 10/15/2014
Mailing Address P.O. Box 1670	Amount 20000
City Cadiz State Ky Zip Code 42211	Date of Disbursement or Obligation 10/19/2014
Purpose of Expenditure Display Ad Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 991200	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cadiz Record	Date of Public Distribution/Dissemination 10/22/2014
Mailing Address P.O. Box 1670	Amount 20000
City Cadiz State Ky Zip Code 42211	Date of Disbursement or Obligation 10/19/2014
Purpose of Expenditure Display Ad Category/Type 004	Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1011200	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40000
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date **02/09/2015**

1103001-1000-10000

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER 000567172
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/17/2014	

Full Name of Payee Good Neighbor	Date of Public Distribution/Dissemination 10/12/2014
Mailing Address 3042A LONE OAK Rd.	Amount 253.50
City: Paducah State: Ky Zip Code: 42003	Date of Disbursement or Obligation 10/17/2014
Purpose of Expenditure Display Ad	Category/Type 004
Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 10365.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee Good Neighbor	Date of Public Distribution/Dissemination 10/19/2014
Mailing Address 3042A LONE OAK Rd.	Amount 253.50
City: Paducah State: Ky Zip Code: 42003	Date of Disbursement or Obligation 10/17/2014
Purpose of Expenditure Display Ad	Category/Type 004
Name of Federal Candidate Mitch McConnell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought 10619.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	507.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date **02/09/2015**

11074 1011 10011

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 8
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on 10/17/2014	

Full Name of Payee Good Neighbor
Mailing Address 3042A Lone Oak Rd.
City State Zip Code Paducah Ky 42003
Purpose of Expenditure Display Ad
Name of Federal Candidate Mitch McConnell
Calendar Year-To-Date Per Election for Office Sought 10,872.50

Date of Public Distribution/Dissemination 10/26/2014
Amount 253.50
Date of Disbursement or Obligation 10/17/2014
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee Cadiz Record
Mailing Address P.O. Box 1670
City State Zip Code Cadiz Ky 42211
Purpose of Expenditure Display Ad
Name of Federal Candidate Mitch McConnell
Calendar Year-To-Date Per Election for Office Sought 11,072.50

Date of Public Distribution/Dissemination 10/08/2014
Amount 20000
Date of Disbursement or Obligation 10/02/2014
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: Ky
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	453.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date **02/09/2015**

110001-1000-10000

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

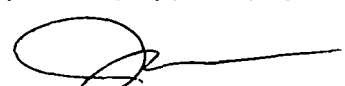
NAME OF COMMITTEE (In Full) Bluegrass Rural	FEC IDENTIFICATION NUMBER C00567172
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	10 / 17 / 2014

Full Name of Payee CADIZ RECORD	Date of Public Distribution/Dissemination 10 / 22 / 2014
Mailing Address P.O. Box 1670	Amount 20000
City CADIZ State KY Zip Code 42211	Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Display Ad Category/Type 004	
Name of Federal Candidate Mitch McConnell <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 1127250	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20000
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	403575

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature:  Date: **02 / 09 / 2015**

COUNTDOWN TO STORM

WORLDWIDE MAILING

This packaging is the property of the U.S. Postal Service® and is provided solely for use in sending Priority Mail Express™ shipments. Misuse may

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



PAID IN FULL
42001
FEB 13 15
AMOUNT

\$19.99
00051470-10

1007



EK753322437US

INTERNATIONAL USE
NO LABEL HERE

PRIORITY
MAIL
EXPRESS™



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

PHONE (202) 546 5872

James L. May
130 Down Ave
Paducah Ky 40301

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Prior to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE ()
Federal Election Commission
999 E Street N.W.
Washington, D.C. 20543

ZIP + 4® (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE

INTERNATIONAL
CUSTOMS DECLARATION
FORM MAY BE REQUIRED.



February 13, 2015 12:5 x 9



00001000004

RECEIVED

2015 FEB 18 AM 8:47

FEC MAIL CENTER

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	Scheduled Delivery Date (MM/DD/YYYY)	Postage
<input type="checkbox"/> Military	<input type="checkbox"/> DPO	02/17/15	\$ 19.99
PO ZIP Code	Scheduled Delivery Time	02/13/15	Insurance Fee
42001	<input type="checkbox"/> 10:30 AM	12 NOON	\$
Date Accepted (MM/DD/YYYY)	<input type="checkbox"/> 12 NOON	10:30 AM Delivery Fee	Return Receipt Fee
02/13/15	<input type="checkbox"/> 10:30 AM	\$	\$
Time Accepted	Flat Rate	Sunday/Holiday Premium Fee	Live Animal Transportation Fee
1307	<input type="checkbox"/> AM	\$	\$
Weight	<input checked="" type="checkbox"/> Flat Rate	Acceptance/Employee Initials	Total Postage & Fees
lbs. 3.00	Employee Signature		\$ 19.99
DELIVERY (POSTAL SERVICE USE ONLY)		3-ADDRESSEE COPY	
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature	
	<input type="checkbox"/> AM		
	<input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature	
	<input type="checkbox"/> AM		
	<input type="checkbox"/> PM		



VISIT IIS AT IISPS.COM®

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
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 2/13/15
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

2/18/15
DATE PREPARED

110304100110001