

**FEC
FORM 3X**

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

RECEIVED

2014 APR 11 11:59

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4MS EC MAIL CENTER**

WEST L.A. DEMOCRATIC PARTY

ADDRESS (number and street) P.O. BOX 8

Check if different than previously reported. (ACC) VENICE CA 90294-0008

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

C00407007

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

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

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 SUSAN BLANCHARD

Signature of Treasurer Susan Blanchard Date 04 / 10 / 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.

14031213669

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WEST L.A. DEMOCRATIC PARTY

Report Covering the Period: From: 01 ' 01 ' 2014 To: 03 ' 31 ' 2014

14031213670

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>	<u>11089.04</u>	<u>11089.04</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>11089.04</u>	
(c) Total Receipts (from Line 19).....	<u>2594.04</u>	<u>2594.04</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>13683.08</u>	<u>13683.08</u>
7. Total Disbursements (from Line 31).....	<u>12359.8</u>	<u>12359.8</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>12442.10</u>	<u>12442.10</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WEST L.A. DEMOCRATIC PARTY

Report Covering the Period: From: 01 / 01 / 2014 To: 03 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

..... 0.00

..... 2594.04

..... 2594.04

..... 0.00

..... 2594.04

..... 2594.04

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

..... 0.00

..... 0.00

..... 0.00

..... 0.00

..... 0.00

..... 0.00

12. Transfers From Affiliated/Other Party Committees.....

..... 0.00

..... 0.00

13. All Loans Received.....

..... 0.00

..... 0.00

14. Loan Repayments Received.....

..... 0.00

..... 0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

..... 0.00

..... 0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

..... 0.00

..... 0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

..... 0.00

..... 0.00

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

..... 0.00

..... 0.00

- (b) Levin Funds (from Schedule H5).....

..... 0.00

..... 0.00

- (c) Total Transfers (add 18(a) and 18(b))..

..... 0.00

..... 0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

..... 2594.04

..... 2594.04

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

..... 2594.04

..... 2594.04

14031213671

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1,235.98	1,235.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,235.98	1,235.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	
30. Federal Election Activity. (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,235.98	1,235.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,235.98	1,235.98

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	259,404	259,404
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	259,404	259,404
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123,598	123,598
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	123,598	123,598

14031213673

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

WEST L.A. DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. <u>FRANCIS PIN</u>		Date of Disbursement
Mailing Address		<u>01</u> / <u>06</u> / <u>2014</u>
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
<u>Reimb. for Flowers</u>	<u>0.0.1</u>	<u>68.12</u>
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. <u>LOS ANGELES COUNTY DEMOCRATIC PARTY</u>		Date of Disbursement
Mailing Address		<u>01</u> / <u>10</u> / <u>2014</u>
<u>3550 WILSHIRE BLVD.</u>		
City	State	Zip Code
<u>LOS ANGELES</u>	<u>CA</u>	<u>90010</u>
Purpose of Disbursement		Amount of Each Disbursement this Period
<u>CHARTERING FEE</u>	<u>0.0.1</u>	<u>100.00</u>
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. <u>LOS ANGELES COUNTY DEMOCRATIC PARTY</u>		Date of Disbursement
Mailing Address		<u>01</u> / <u>10</u> / <u>2014</u>
<u>3550 WILSHIRE BLVD.</u>		
City	State	Zip Code
<u>LOS ANGELES</u>	<u>CA</u>	<u>90010</u>
Purpose of Disbursement		Amount of Each Disbursement this Period
<u>ASSOC. MEMBERSHIP FEE</u>	<u>0.0.1</u>	<u>60.00</u>
Candidate Name	Category/Type	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

228.12

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

228.12

14031213674

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WEST L.A. DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. SECRETARY OF STATE, CA		Date of Disbursement
Mailing Address		01 / 13 / 2014
City	State	Amount of Each Disbursement this Period
SACRAMENTO	CA	
Purpose of Disbursement	Category/Type	50.00
CAMP COMM. REGISTRATION FEE (2013)	D.O.I.	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

B. KELLY WILLIS		Date of Disbursement
Mailing Address		01 / 15 / 2014
City	State	Amount of Each Disbursement this Period
VENICE	CA	
Purpose of Disbursement	Category/Type	359.69
REIMB FOR SOUND SYSTEM	O.O.I.	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

C. ST. BEDES EPISCOPAL CHURCH		Date of Disbursement
Mailing Address		01 / 16 / 2014
City	State	Amount of Each Disbursement this Period
LOS ANGELES	CA	
Purpose of Disbursement	Category/Type	75.00
RENT - MEETING SPACE	O.O.I.	
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

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

484.69

14031213675

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 5
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
WEST L.A. DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. ST. BEDES EPISCOPAL CHURCH

Mailing Address: **3590 GRAND VIEW BLVD.**

City: **LOS ANGELES** State: **CA** Zip Code: **90066**

Purpose of Disbursement: **RENT-MEETING SPACE** Category/Type: **D.O.I.**

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 04 / 2014**

Amount of Each Disbursement this Period: **250.00**

B. SECRETARY OF STATE, CA

Mailing Address: _____

City: **SACRAMENTO** State: **CA** Zip Code: _____

Purpose of Disbursement: **CAMP COMM REGISTRATION FEE (2014)** Category/Type: **D.O.I.**

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 14 / 2014**

Amount of Each Disbursement this Period: **50.00**

C. U.S. POST OFFICE

Mailing Address: _____

City: **VENICE** State: **CA** Zip Code: **90294**

Purpose of Disbursement: **P.O. BOX RENTAL thru 2/2015** Category/Type: **D.O.I.**

Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 10 / 2014**

Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional)..... **2,250.00**

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

14031213676

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 4 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WEST L.A. DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. ACT BLUE		Date of Disbursement
Mailing Address P.O. BOX 38210		03 / 13 / 2014
City CAMBRIDGE	State MA	Zip Code 02238-2110
Purpose of Disbursement CONTRIBUTION-MONTHLY	Category/Type 0.11	Amount of Each Disbursement this Period 10.00
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. BEST BUY		Date of Disbursement
Mailing Address		03 / 13 / 2014
City LOS ANGELES	State CA	Zip Code
Purpose of Disbursement WIRELESS MICROPHONES	Category/Type 0.01	Amount of Each Disbursement this Period 109.49
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: _____	

C. ST. BEDES EPISCOPAL CHURCH		Date of Disbursement
Mailing Address 3590 GRAND VIEW BLVD.		03 / 14 / 2014
City LOS ANGELES	State CA	Zip Code 90060
Purpose of Disbursement RENT-MEETING SPACE	Category/Type 0.01	Amount of Each Disbursement this Period 75.00
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶

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

1944.9

14031213677

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 5

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (in Full)

WEST L. A. DEMOCRATIC CLUB

Full Name (Last, First, Middle Initial)

A. <u>CA ALLIANCE OF RETIRED AMERICANS</u>		Date of Disbursement
Mailing Address <u>600 GRAND AVE. # 401</u>		<u>03</u> / <u>19</u> / <u>2014</u>
City <u>OAKLAND</u>	State <u>CA</u>	Zip Code <u>90010</u>
Purpose of Disbursement <u>ANNUAL DUES</u>		Amount of Each Disbursement this Period
Candidate Name		<u>5000</u>
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) ▼	Category/ Type <u>001</u>
State:	District:	

B. <u>ACT BLUE</u>		Date of Disbursement
Mailing Address <u>P.O. Box 38210</u>		
City <u>CAMBRIDGE</u>	State <u>MA</u>	Zip Code <u>02238-2110</u>
Purpose of Disbursement <u>PROCESSING FEES</u>		Amount of Each Disbursement this Period
Candidate Name		<u>5368</u>
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) ▼	Category/ Type <u>001</u>
State:	District:	

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
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) ▼	Category/ Type
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶

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

10368
123598

14031213678

Express **11/15/04**

1 From **[REDACTED]**
 Date **4/13/04**
 Sender's Name **S. BLANCHARD** Phone **310 842-9131**
 Company **W.L.A.D.C**
 Address **3722 MENTONE AVE, #2**
 City **LOS ANGELES** State **CA** ZIP **90031**
 Your Internal Billing Reference **3/31/14 FILING**

4 Express Package Service * To most locations. Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Afloat.

NOTE: Service order has changed. Please select carefully.

Next Business Day
 FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight

2 or 3 Business Days
 FedEx 2Day A.M.
 FedEx 2Day
 FedEx Express Saver

5 Packaging * Declared value limit \$500.
 FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options
 SATURDAY Delivery
 No Signature Required
 Direct Signature
 Indirect Signature

Does this shipment contain dangerous goods?
 No Yes Yes
 Dry Ice Cargo Aircraft Only

7 Payment Bill to:
 Sender Recipient Third Party Credit Card Cash/Check

14031213679

To Recipient's Name
 Company **FED-ELECTION COMM**
 Address **999 E STREET, NW**
 City **WASHINGTON** State **DC** ZIP **20463**



8041 6808 6686

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ORIGIN ID: SMOA
 UNITED STATES US
 TO **FED ELECTION COMM**
FED ELECTION COMMISSION
999 E ST NW
WASHINGTON DC 20463
 (202) 894-1100
 SHIP DATE: 14APR14
 ACTWGT: 0.2 LB
 CAD: 7OFFC1501
 DIMS: 0x0x0 IN
 BILL SENDER
 FedEx Express
E

TRK# 8041 6808 6686
 0200
XC RDVA
TUE - 15 APR AA
STANDARD OVERNIGHT
DSR
20463
DC-US IAD

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Part # 166297-435 RTZ 04/14
 92102020101117

For FedEx Express® Shipments Only

Extremely

RT 0
FZ 0

6686
04.15



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.

14031213680

<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 type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>4/14/14</i>
	Next Business Day Delivery <input checked="" 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

[Signature]
 PREPARER
 (8/2013)

4/15/14
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