

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 APR 15 PM 12:05

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER Citizens for Paul Rundquist

ADDRESS (number and street) 5 Cedar Ave Gaithersburg MD 20877-1000

2. FEC IDENTIFICATION NUMBER C00558866 3. IS THIS REPORT NEW OR AMENDED X NEW (N) OR AMENDED (A) STATE ZIP CODE STATE DISTRICT MD 02

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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 01'02'2014 through 03'21'2014

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 Paul Rundquist (acting Treasurer) designated agent Signature of Treasurer Paul Rundquist Date 04'13'2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

14031214678

SUMMARY PAGE

Write or Type Committee Name

Citizens for Paul Rundo

Report Covering the Period:

From:

01 ' 01 ' 2014

To:

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))....

, 3,510.00

, 3,510.00

(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)).....

, 3,510.00

, 3,510.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17).....

, 2,138.67

, 2,138.67

(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)).....

, 2,138.67

, 2,138.67

8. Cash on Hand at Close of
Reporting Period (from Line 27).....

, 1,371.33

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).....

, 0.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

14031214679

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From: ^M01 ^D01 ^Y20 ^Y14 To: ^M03 ^D31 ^Y20 ^Y14

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).....

3,510.00

(ii) Unitemized.....

0.00

(iii) TOTAL of contributions from individuals ▶

3,510.00

(b) Political Party Committees.....

0.00

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

0.00

(d) The Candidate.....

0.00

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

3,510.00

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

13. LOANS:

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

0.00

(b) All Other Loans.....

0.00

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

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3,510.00

14031214680

DETAILED SUMMARY PAGE
of Disbursements

14031214681

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2,138.67	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	
(b) Of All Other Loans	0.00	
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	
(b) Political Party Committees.....	0.00	
(c) Other Political Committees (such as PACs).....	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	
21. OTHER DISBURSEMENTS	138.67	
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	2,138.67	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3,510.00
25. SUBTOTAL (add Line 23 and Line 24).....	3,510.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2,438.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,371.33

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

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

FOR LINE NUMBER:		PAGE		OF
<input 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)
Citizens for Paul Runder

A. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address
PO Box 382110

City *Cambridge* State *MA* Zip Code *02238-2110*

FEC ID number of contributing federal political committee.
C00401224

Name of Employer _____ Occupation
Condit, rand listed in agg.

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
3,510.00

Date of Receipt
03 ' 18 ' 2014

Amount of Each Receipt this Period
3,275.00
*Earmarked Through Act Blue condit
PAC limit not affected*

B. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address
PO Box 382110

City *Cambridge* State *MA* Zip Code *02238-2110*

FEC ID number of contributing federal political committee.
C00401224

Name of Employer _____ Occupation
Condit, rand listed in agg.

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
3,510.00

Date of Receipt
03 ' 23 ' 2014

Amount of Each Receipt this Period
25.00
*Earmarked Through Act Blue condit
PAC limit not affected*

C. Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address
PO Box 382110

City *Cambridge* State *MA* Zip Code *02238-2110*

FEC ID number of contributing federal political committee.
C00401224

Name of Employer _____ Occupation
Condit, rand listed in agg.

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date
3,510.00

Date of Receipt
03 ' 31 ' 2014

Amount of Each Receipt this Period
220.00
*Earmarked Through Act Blue condit
PAC limit not affected*

SUBTOTAL of Receipts This Page (optional).....

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

.....

.....

14031214682

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

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NAME OF COMMITTEE (In Full)
Citizens for Paul Rundqvist

A. Full Name (Last, First, Middle Initial)
Rundqvist, Marie, A

Mailing Address
5 Cedar Ave

City *Gaithersburg* State *MD* Zip Code *20877*

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

Name of Employer *self employed* Occupation *Consultant*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
03 ' 15 ' 2014

Amount of Each Receipt this Period
Marked Through As Blue

B. Full Name (Last, First, Middle Initial)
Mowicki, Edward, V

Mailing Address
5 Cedar Ave

City *Gaithersburg* State *MD* Zip Code *20877*

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

Name of Employer *Cockehead Mason* Occupation *Professional*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
03 ' 14 ' 2014

Amount of Each Receipt this Period
Marked Through As Blue

C. Full Name (Last, First, Middle Initial)
White, Susan E

Mailing Address
1200 First St Apt 1539

City *Alexandria* State *VA* Zip Code *22314*

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

Name of Employer *Aplex* Occupation *Manager*

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
26000

Date of Receipt
03 ' 15 ' 2014

Amount of Each Receipt this Period
250.00
Marked Through As Blue

SUBTOTAL of Receipts This Page (optional).....

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

.....

14031214683

**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 OF

17 18 19a 19b
 20a 20b 20c 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)

Citizens for Paul Rundquist

Full Name (Last, First, Middle Initial)

A. Act Blue Technical Services

Date of Disbursement

03 ' 18 ' 2014

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Amount of Each Disbursement this Period

12937

Purpose of Disbursement Processing fee

001

Candidate Name Paul Rundquist

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: MD District: 02

Full Name (Last, First, Middle Initial)

B. Act Blue Technical Services

Date of Disbursement

03 ' 23 ' 2014

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Amount of Each Disbursement this Period

99

Purpose of Disbursement Processing fee

001

Candidate Name Paul Rundquist

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: MD District: 02

Full Name (Last, First, Middle Initial)

C. Act Blue Technical Services

Date of Disbursement

03 ' 31 ' 2014

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Amount of Each Disbursement this Period

839

Purpose of Disbursement Processing fee

001

Candidate Name Paul Rundquist

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: MD District: 02

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

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

14031214684

**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 OF

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

Citizens for Paul Ruydquist

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 30 / 2014

A.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

B.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

C.

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

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

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

14031214685

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Citizens for Paul Rundquist

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

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y M M / D D / Y Y Y Y % (apr) 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:

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)..... ▶

TOTALS This Period (last page in this line only)..... ▶

0.00

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

14031214686

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C
-----------------------------	--------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y
City State Zip Code	Date Due M M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit, Total Outstanding Balance: \$ _____
 Amount of this Draw: \$ _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

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, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? \$ _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Date account established: M M / D D / Y Y Y Y
 Location of account: _____
 Address: _____
 City, State, Zip: _____

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 the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. 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.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. 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 at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M M / D D / Y Y Y Y
Title	

14031214687

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

14031214688

NAME OF COMMITTEE (In Full)

A. 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	

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)	▶	
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) ▶		

RECEIVED

2014 APR 15 PM 12:11

FEC MAIL CENTER

NT

er has requested
ly upon receipt,

PRESS HARD, YOU ARE MAKING 3 COPIES.

Addressee

14031214689

When used internationally



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20002
APR 14 2014
AMOUNT
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1007

EXPRESS MAIL

UNITED STATES POSTAL SERVICE® Post Office To

DELIVERY (POSTAL USE ONLY)

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Mo. Day			
Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Mo. Day			

CUSTOMER USE ONLY

PAID BY ACCOUNT Express Mail Corporate Acct. No. _____

WAIVER OF SIGNATURE Domestic Mail Only) (Signature required for delivery to recipient's address. Signature must be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

Federal Agency Acct. No. or Postal Service Acct. No. _____

NO DELIVERY Weekend Holiday Mailer Signature

TO: (PLEASE PRINT) PHONE

Federal Election Commission
999 E Street NW
Washington DC 20463

ZIP + 4 (U.S. ADDRESSES ONLY, DO NOT USE FOR FOREIGN POSTAL CODES.)

2 0 4 6 3 +

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: 20002

Day of Delivery: 1st 2nd 3rd 4th

Next Scheduled Day of Delivery: 2nd

Month: 4 Year: 14

Scheduled Time of Delivery: Noon 3 PM 5 PM

Time of Delivery: 8:00 AM

Flat Rate or Weight: 3.6 lbs

Postage: \$ 6.95

Return Receipt Fee: \$

Insurance Fee: \$

COD Fee: \$

Total Postage & Fees: \$ 6.95

Acceptance of EPDS (EPDS)

FROM: (PLEASE PRINT) PHONE 919 357-8429

Paul Rundquist
5 Cedar Ave
Gaithersburg MD 20877

FOR PICKUP OR TRACKING

Visit www.usps.com

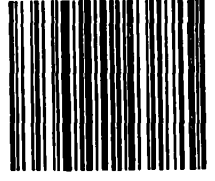
Call 1-800-222-1811



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PLEASE



UNITED STATES POSTAL SERVICE®



EP-13C

Please Recycle

ATTENTION DELIVERY PERSONNEL
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EXPRESS MAIL
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UNITED STATES POSTAL SERVICE

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 <i>4/14/14</i>
<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

RAE
 PREPARER

4/15/14
 DATE PREPARED

14031214690