

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2019 JUL 15 AM 10:34

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

ADDRESS (number and street)

P.O. BOX 7292

Check if different than previously reported. (ACC)

CAPITRAINO BEACH CA 92624

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

00421057

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:

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

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

- Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)
- Election on [] / [] / [] in the State of []

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

- General (30G)
 - Runoff (30R)
 - Special (30S)
- Election on [] / [] / [] in the State of []

5. Covering Period

04 / 01 / 2019 through 06 / 30 / 2019

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 MARSHA MURPHY

Signature of Treasurer

Marsha Murphy

Date

07 / 12 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

South Orange County Democratic Club

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2019

To:

MM / DD / YYYY
06 / 30 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		8,533.08
(b) Cash on Hand at Beginning of Reporting Period.....	54,162.20	
(c) Total Receipts (from Line 19).....	15,310.00	3,682.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	69,472.20	12,215.48
7. Total Disbursements (from Line 31).....	13,770.83	6,646.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55,693.7	5,569.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	-0-	

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

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

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

20190630 11:00 AM

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Receipts

Page 3

Write or Type Committee Name

South Orange County Democratic Club

Report Covering the Period: From:

MM **DD** **YYYY**
04 **01** **2019**

To:

MM **DD** **YYYY**
06 **30** **2019**

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).....

[Empty box]

[Empty box]

(ii) Unitemized.....

1,531.00

3,682.40

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1,531.00

3,682.40

(b) Political Party Committees.....

[Empty box]

[Empty box]

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

[Empty box]

[Empty box]

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,531.00

3,682.40

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

[Empty box]

[Empty box]

13. All Loans Received.....

[Empty box]

[Empty box]

14. Loan Repayments Received.....

[Empty box]

[Empty box]

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

[Empty box]

[Empty box]

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

[Empty box]

[Empty box]

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

[Empty box]

[Empty box]

18. Transfers from Non-Federal and Levin Funds

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

[Empty box]

[Empty box]

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

[Empty box]

[Empty box]

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

[Empty box]

[Empty box]

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

1,531.00

3,682.40

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

1,531.00

3,682.40

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

NOT FOR FEDERAL GOVERNMENT

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	1,377.83	3,452.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,377.83	3,452.67
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,193.44
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,377.83	6,646.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1,377.83	6,646.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1,531.00	3,682.40
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,531.00	3,682.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,377.83	3,452.67
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,377.83	3,452.67

20170808 15:11:00

**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

21b 22 23 26 27
 28a 28b 28c 29 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)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

A.

Full Name (Last, First, Middle Initial)
L. A. Times

Mailing Address
202 W 1st St

City **Los Angeles** State **CA** Zip Code **90012**

Purpose of Disbursement
Subscription

Candidate Name
001

Office Sought: House Senate President
District: _____

Disbursement For: Primary General
 Other (specify) **See purpose**

Date of Disbursement
04 04 2019

FEC Identification Number
C

Amount of Each Disbursement this Period
7.96

Memo Item

B.

Full Name (Last, First, Middle Initial)
USPS

Mailing Address
32124 Paseo Adelanto Ste 1

City **San Juan Capistrano** State **CA** Zip Code **92693**

Purpose of Disbursement
Postage

Candidate Name
001

Office Sought: House Senate President
District: _____

Disbursement For: Primary General
 Other (specify) **See purpose**

Date of Disbursement
04 04 2019

FEC Identification Number
C

Amount of Each Disbursement this Period
7.35

Memo Item

C.

Full Name (Last, First, Middle Initial)
DPOC

Mailing Address
1916 W Chapman Ave Ste B

City **Orange** State **CA** Zip Code **92868**

Purpose of Disbursement
Annual fee

Candidate Name
001

Office Sought: House Senate President
District: _____

Disbursement For: Primary General
 Other (specify) **See purpose**

Date of Disbursement
04 03 2019

FEC Identification Number
C00321943

Amount of Each Disbursement this Period
75.00

Memo Item

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

90.31

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SOUTH ORANGE COUNTY DEMOCRATIC CLUB

A. Full Name (Last, First, Middle Initial) <i>Marie Callender's</i>		Date of Disbursement <i>04-18-2019</i>
Mailing Address <i>31791 Del Obispo St</i>		FEC Identification Number <i>C</i>
City <i>San Juan Capistrano</i>	State <i>CA</i>	Zip Code <i>92675</i>
Purpose of Disbursement <i>APR meeting room + food</i>		Amount of Each Disbursement this Period <i>378.95</i>
Candidate Name		Category/Type <i>001</i>
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 checked="" type="checkbox"/> Other (specify) <i>See purpose</i>	Memo Item
State:	District:	

B. Full Name (Last, First, Middle Initial) <i>Marie Callender's</i>		Date of Disbursement <i>06-20-2019</i>
Mailing Address <i>31791 Del Obispo St</i>		FEC Identification Number <i>C</i>
City <i>San Juan Capistrano</i>	State <i>CA</i>	Zip Code <i>92675</i>
Purpose of Disbursement <i>JUNE meeting room + food</i>		Amount of Each Disbursement this Period <i>551.13</i>
Candidate Name		Category/Type <i>001</i>
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 checked="" type="checkbox"/> Other (specify) <i>See purpose</i>	Memo Item
State:	District:	

C. Full Name (Last, First, Middle Initial) <i>Act Blue</i>		Date of Disbursement <i>06-05-2019</i>
Mailing Address <i>P.O. Box 4411446</i>		FEC Identification Number <i>C</i>
City <i>Somerville</i>	State <i>MA</i>	Zip Code <i>02114</i>
Purpose of Disbursement <i>Service fees</i>		Amount of Each Disbursement this Period <i>60.56</i>
Candidate Name		Category/Type <i>001</i>
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 checked="" type="checkbox"/> Other (specify) <i>See purpose</i>	Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<i>990.64</i>
TOTAL This Period (last page this line number only).....	

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

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NAME OF COMMITTEE (In Full)
SOUTH ORANGE COUNTY DEMOCRATIC CLUB

A. Full Name (Last, First, Middle Initial) L. A. Timer			Date of Disbursement 05 02 2019		
Mailing Address 202 W 1st St			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90012	Amount of Each Disbursement this Period 15.96		
Purpose of Disbursement Subscription		Candidate Name		Memo Item	
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 checked="" type="checkbox"/> Other (specify) see purpose		Category/Type 001	
State:	District:				

B. Full Name (Last, First, Middle Initial) L. A. Timer			Date of Disbursement 05 30 2019		
Mailing Address 202 W 1st St			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90012	Amount of Each Disbursement this Period 15.96		
Purpose of Disbursement Subscription		Candidate Name		Memo Item	
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 checked="" type="checkbox"/> Other (specify) see purpose		Category/Type 001	
State:	District:				

C. Full Name (Last, First, Middle Initial) L. A. Times			Date of Disbursement 06 27 2019		
Mailing Address 202 W 1st St			FEC Identification Number C		
City Los Angeles	State CA	Zip Code 90012	Amount of Each Disbursement this Period 15.96		
Purpose of Disbursement Subscription		Candidate Name		Memo Item	
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 checked="" type="checkbox"/> Other (specify) see purpose		Category/Type 001	
State:	District:				

SUBTOTAL of Disbursements This Page (optional)..... **47.88**

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

NON-FEDERAL CAMPAIGN CONTRIBUTION

**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

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

<p>A. Full Name (Last, First, Middle Initial) <u>Chase Bank</u></p>		<p>Date of Disbursement <u>04 30 2019</u></p>	
<p>Mailing Address <u>31972 Camino Capistrano</u></p>		<p>FEC Identification Number <u>C</u></p>	
<p>City <u>San Juan Capistrano</u></p>	<p>State <u>CA</u></p>	<p>Zip Code <u>92675</u></p>	<p>Amount of Each Disbursement this Period <u>15.00</u></p>
<p>Purpose of Disbursement <u>Service fee</u></p>		<p>Category/Type <u>001</u></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>See purpose</u></p>	
<p>State: _____ District: _____</p>		<p>Memo Item</p>	
<p>B. Full Name (Last, First, Middle Initial) <u>Chase Bank</u></p>		<p>Date of Disbursement <u>05 31 2019</u></p>	
<p>Mailing Address <u>31972 Camino Capistrano</u></p>		<p>FEC Identification Number <u>C</u></p>	
<p>City <u>San Juan Capistrano</u></p>	<p>State <u>CA</u></p>	<p>Zip Code <u>92675</u></p>	<p>Amount of Each Disbursement this Period <u>15.00</u></p>
<p>Purpose of Disbursement <u>Service fee</u></p>		<p>Category/Type <u>001</u></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>See purpose</u></p>	
<p>State: _____ District: _____</p>		<p>Memo Item</p>	
<p>C. Full Name (Last, First, Middle Initial) <u>Chase Bank</u></p>		<p>Date of Disbursement <u>06 28 2019</u></p>	
<p>Mailing Address <u>31972 Camino Capistrano</u></p>		<p>FEC Identification Number <u>C</u></p>	
<p>City <u>San Juan Capistrano</u></p>	<p>State <u>CA</u></p>	<p>Zip Code <u>92675</u></p>	<p>Amount of Each Disbursement this Period <u>15.00</u></p>
<p>Purpose of Disbursement <u>Service fee</u></p>		<p>Category/Type <u>001</u></p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>		<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>See purpose</u></p>	
<p>State: _____ District: _____</p>		<p>Memo Item</p>	
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>			<p><u>45.00</u></p>
<p>TOTAL This Period (last page this line number only).....▶</p>			

NOT FOR FILING

**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

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

SOUTH ORANGE COUNTY DEMOCRATIC CLUB

A. Full Name (Last, First, Middle Initial) _____ Date of Disbursement 04/29/2019

Mailing Address wix.com 1169 Loma Linda Dr

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement Website service fee

Candidate Name _____

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

State: _____ District: _____

FEC Identification Number C

Amount of Each Disbursement this Period 204.00

Memo Item _____

B. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

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

State: _____ District: _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item _____

C. Full Name (Last, First, Middle Initial) _____ Date of Disbursement _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

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

State: _____ District: _____

FEC Identification Number C

Amount of Each Disbursement this Period _____

Memo Item _____

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

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

204.00

6,377.83

20190501 14:01:00

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PRIORITY MAIL EXPRESS



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

South Orange County Club
Democratic Club
PO Box 7292
Capistrano Beach, CA 92624

PHONE: _____

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)

*Refer to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

Federal Election Commission
1050 First St NE
Washington, DC

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

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

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SIGNATURE

DMM 263.2

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\$25.50
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92629 0007
Date of sale
07/12/19
06 255
06 11488355



Scheduled Delivery
07/15/2019
12:00PM



EJ 061 347 227 US

RECEIVED
FEDERAL ELECTION COMMISSION
REPORT ANALYSIS DIVISION

2019 JUL 15 AM 11:16

PAYMENT BY ACCOUNT (if applicable)
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service® Agent No.

ORIGIN (POSTAL SERVICE USE ONLY)		SCHEDULED DELIVERY DATE (MMDDYY)		SCHEDULED DELIVERY TIME		POSTAGE	
PO ZIP Code	92629	7/15/19	10:30 AM	3:00 PM	Insurance Fee	\$	25.50
Date Accepted (MMDDYY)	7/12/19	10:30 AM Delivery Fee	\$	Return Receipt Fee	\$	Live Animal Transportation Fee	\$
Times Accepted	8:36 AM	Sunday/Holiday Premium Fee	\$	Total Postage & Fees	\$	Employee Signature	
Special Handling/Fragile		Weight	7 lbs	Flat Rate	0255	Acceptance Employee Initials	25.50
Delivery Attempt (MMDDYY)		Delivery Attempt (MMDDYY)		Time		Employee Signature	
Delivery Attempt (MMDDYY)		Time		Employee Signature			

LABEL 11-B, MARCH 2013 PSN 7690-02-000-9996

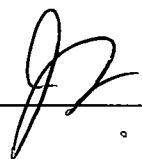
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<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 7/12/19
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER 
 (3/2015)

7/15/19
 DATE PREPARED

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