203087175

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2012 AUG -6 PM 12: 10

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT	•		umple: If typing, or the lines.	, type	12FE4M5)
M	INA HAYDED	VI FIOIR I	Co	NIGIRIE	<u> </u>		1111	
L			لــــــــــــــــــــــــــــــــــــــ			1111	11+1	
ADE	DRESS (number and street)	P.O. BOD	نــنکا	4781			1111	
	Check if different					<u> </u>		
	than previously reported. (ACC)	CLEAR	WA	TIER		ا لــ	ELY L	33.7.62 -
2.	FEC IDENTIFICATION N	JMBER ▼		CITY A		S	TATE A	ZIP CODE A STATE ▼ DISTRICT
	C005149	50	3.	IS THIS REPORT	NEW (N)	OR	AMENE (A)	DED FIL U3
4.	TYPE OF REPORT (Ch		(b)	12-Day PRE-	Election Report	t for the:		
•	April 15 Quarterly F	Report (Q1)			Primary (12P)		General (1	12G) Runoff (12R)
	July 15 Quarterly F				Convention (12	2C)	Special (1	2S)
	October 15 Quarter			Election on	RA MI/	D D /	Y Y Y	in the State of
	January 31 Year-En	d Report (YE)	(c)	30-Day POS	T-Election Repo	ort for the:		
					General (30G)		Runoff (30	OR) Special (30S)
	V Termination Report	(TER)		Election on	ea Ea /	D D /	Y	in the State of
5.	Covering Period Ö	j'81'	ž	Ŏ <i>i </i> み	through	87	' \$\$ '	み '0
	rtify that I have examined the		the b		owledge and bo	elief it is true	e, correct and	d complete
Sigr	nature of Treasurer	2			V	Da	te	' 29 ' 20/2
NOT		eous, or incomplete	e info	rmation may s	subject the person	on signing thi	s Report to t	he penalties of 2 U.S.C. §437g.
l	Office Use Only							FEC FORM 3 (Revised 02/2003)

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SUMMARY PAGE FEC Form 3 (Revised 02/2003)

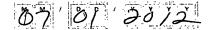
of Receipts and Disbursements

Page 2

Write or Type Committee Name

Report Covering the Period:

From:



COLUMN A COLUMN B This Period Election Cycle-to-Date Net Contributions (other than loans) **Total Contributions** (other than loans) (from Line 11(e)) (b) Total Contribution Refunds (from Line 20(d)) (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures (from Line 17) (b) Total Offsets to Operating Expenditures (from Line 14)..... (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on

For further information contact:

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

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

Schedule C and/or Schedule D)

Φ 20308717

DETAILED SUMMARY PAGE

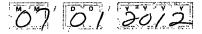
of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Report Covering the Period:





	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)	165.00 magazine para and magazine and	18,877.00
	(ii) Unitemized(iii) TOTAL of contributions from individuals	16500	.18,877.00
	(b) Political Party Committees	The condition of the condition and a section of the condition of the condi	
	(d) The Candidate	province the second sec	18,877.00
12.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	Property As But a But of the	and Baller
13.	LOANS: (a) Made or Guaranteed by the Candidate		9,1,00.00
14.	(add Lines 13(a) and (b)) OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	10,5/0.00	10,5/0,00
15.	OTHER RECEIPTS (Dividends, Interest, etc.)		
16.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	10,675.00	38,387.00

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Disbursements Page 4

	II. DISBURSEMENTS	COLUMN A Total This Peried	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	5,39249	29,551.49
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate		9,/00.00 9,/00.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees		
	(add Lines 20(a), (b), and (c))		
	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)		, 38,65 ⁻ 1.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	, 18,00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	, 10,675.00 , 10,693.00
25.	SUBTOTAL (add Line 23 and Line 24)		, 10,693.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	лт Liпе 22)	, 10 ,693.00
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		

SCHEDULE A (FEC Form 3)		the sensus artists	OR LINE NUMBER: PAGE OF			
,		Use separate schedule(s) for each category of the	(check only one)			
TEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 11d 11d 12 13a 13b 14 15			
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
I NINA HAYDEN	For	CALLORER				
Full Name (Last, First, Middle Initial)	1 0.2	C 000 81C21				
ROVALE A. LEASE	TER		Date of Receipt			
Mailing Address			67 01 2012			
5728 GLADSTONE	State	Zin Code	101012012			
City CAPITOL HEIGHTS	M)	20743				
FEC ID number of contributing	С		Amount of Each Receipt this Period			
federal political committee.			/00.00			
Name of Employer	Occupation	1	, ,/ <i>0</i> 0.00			
Receipt For:	Flection C	vcle-to-Date	-			
Primary General	LIGOUGH	, o.o. to bato				
Other (specify)		, ,/00.00				
Full Name (Last, First, Middle Initial)		·	 			
3. DEPARTMENT OF S Mailing Address	TATE	FLORISA	Date of Receipt			
Malling Address	211		M_M_ / D D / Y Y Y Y			
City City	3/6	500 S. BRONONG H ST	こ ガラ′ シ゜ ´a`o`/à			
TALLAXASSEE	State	ZID Code 2.) 2 역 요				
FEC ID number of contributing	(<u> </u>	┥			
federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupation	ስ	, 10,440.00			
Haine of Employer	Cocupation	ı				
Receipt For:	Election C	ycle-to-Date	(REFUND)			
Primary General		_				
Other (specify)		, 10,440,00				
Full Name (Last, First, Middle Initial)						
			Date of Receipt			
Mailing Address			M M / D D / Y Y Y			
10570 68 AVE	State	Zip Code	07'10'2012			
SEMINOLE	FL	33772				
FEC ID number of contributing	-(7			
federal political committee.	С		Amount of Each Receipt this Period			
Name of Employer	Occupation	1	, , 40,00			
SELF		CAGE THEMPIST	, , , , , ,			
Receipt For:	Election C	ycle-to-Date	1			
Primary General		1 44 2 4				
Other (specify)		, , 40.00				
SUBTOTAL of Receipts This Page (optional)						
The state of the s			, , , ,			
TOTAL This Period (last page this line number	only)	***************************************	, , ,			

SCHEDULE A (FEC Form 3)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 411a **ITEMIZED RECEIPTS** 11b 11c 11d Detailed Summary Page 12 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) NINA HAYDEN FOR CONGRESS Date of Receipt City 20002 FEC ID number of contributing Amount of Each Receipt this Period federal political committee. property of a second Name of Employer Occupation Receipt For: Election Cycle-to-Date 9 Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State FEC ID number of contril._...y Amount of Each Receipt this Period federal political committee. المعتشب وطالبها وإداراه وهماي والرواد والمعارة الدارة Name of Employer Occupation -----Receipt For: Election Cycle-to-Date ⁷rimary General i kommuna dan di jedak ikanjak ji kasipaning k Other (specify) <u>La la la granda de la companya del companya del companya de la co</u> SUBTOTAL of Receipts This Page (optional).....

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

, 10,675.60

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 2/17 18 19a 19b Detailed Summary Page 20a 20ь 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. NINA HAYDEN FOR CONGRESS Date of Disbursement Mailing Address
P.O. BOX 660108 21/2012

	City State Zip Code 7 7 75 3-66		Amount of Each Disbursement this Period
	Purpose of Disbursement		, ,200,00
	PHONE CHARGE	001	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Candidate Name NINA HAYSEN	Category/ Type	
	Office Sought: Senate President District: / > Disbursement For: Primary Other (specify)		
_	State: District: / ? Full Name (Last, First, Middle Initial)		
В.			Date of Disbursement
	Mailing Address 2211 N 15+ 5+		07'03'201/2
	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$,	Amount of Each Disbursement this Period
	ruipose di Disbuisement	T	/.03
	Condidate Name	003	, , , /. 0.3
	Candidate Name LINA HAYS FO	Category/ Type	
	Office Sought: Senate Primary General President Other (specify)		
_	State: FC District: 3 Full Name (Last, First, Middle Initial)		
_		:	Date of Disbursement
C.	DAY DAL		
	Mailing Address 22 (1 1) 15+ 5+		カサープロー join
	City State Zip Code SAN SUSE CA 95/31 Purpose of Disbursement		Amount of Each Disbursement this Period
	Purpose of Disbursament MR.C.H.ANT ACCT FIRE Candidate Name	003	, , 1.46
	Candidate Name	Category/	
	Office Sought: House Disbursement For:	Type	
	Office Sought: House Disbursement For:	<u> </u>	·
	Senate Primary General Other (specify)		
_	State: FL District: /?		
٤	SUBTOTAL of Disbursements This Page (optional)		, , ,
Ŀ	TOTAL This Period (last page this line number only)	***************************************	, , .

SCHEDULE B (FEC Form 3)	Lies concepts eshed de/s	FOR LINE NUMBER: PAGE OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one) - 역가 기8 기9a 기9b
	Detailed Summary Pagn	20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and	may not be sold or used by any address of any political nominit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
NINA HAYDEN FOR	CONGRESS	
Full Name (Last, First, Middle Initial)		Date of Disbursement
MITY MO DENGN		
Mailing Address 433 CENTRAL AUE	Ste 209	うつ パン きょうき
City State State State State State	Zip Code マスクク/	Amount of Each Disbursement this Period
ruipose oi Dispuisement		, 2,500.00
Candidate Name	006	
VINA HAYSTU	Category. Type	
Office Sought: 1 House Disbursement Fo		1
Senate Primar	y [_] General (specify)	
State: FL District: 17		
Full Name (Last, First, Middle Initial)		
B. PULADIAN SALE		Date of Disbursement
Mailing Address		一 もり′ パパ′ みら/ み
Mailing Address 3700 92 Aur V City State	7in Code	
City State ST PRTMSVAG F-C Purpose of Disbursement	スラン/?	Amount of Each Disbursement this Period
		, ,500.00
CAMPAIGN STAFF	001	
WINA HAYSEN	Category Type	′
Office Sought: House Disbursement Fo		
Senate Primar President Other	y General (specify)	
State: F-C District: 3	(apooliy)	
Full Name (Last, First, Middle Initial)		
C. AFRACTION CO	CATE EL	Date of Disbursement
Mailing Address	IAIR IT	一 カーラー きょうしょう
SOD S. RACHOLGH	ST # 3/6	0,0300,2
	Zip Code 32395	Amount of Each Disbursement this Period
Purpose of Disbursement	3 <i>451)</i>	522.00
CK FEE	001	
Candidate Name ANA HAGIATER	Category	/
Office Sought: 4 House Disbursement Fo	Type or:	
Senate Primar		
	(specify)	
State: FC District: /7		
SUBTOTAL of Disbursements This Page (optional)		
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TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

Use separate schedule(s) for each category of the

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	20a	20b		20c		21
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II EWIZED DISBORSEMENTS	Detailed Summary Page	20a 20b 20c 21
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and	erson for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) NINA HAYDEN		
Full Name (Last, First, Middle Initial) A. CANCTON FIRES Mailing Address P. O. BOX 3239 City State TAMPA Purpose of Disbursement LEGAL FRES Candidate Name Office Sought: House Disbursement For Senate Primary President Other (st.)	Zip Code 3 3 6 0 / Category/ Type r: General	Date of Disbursement Date of Disbursement Amount of Each Disbursement this Period
Full Name (Last, First, Middle Mitial) B. Mailing Address		Date of Disbursement
City State Purpose of Disbursement Candidate Name Office Sought: House Disbursement Fo Senate Primary President Other (state: District: Full Name (Last, First, Middle Initial)	General	Amount of Each Disbursement this Period
Mailing Address		Date of Disbursement
City State Z Purpose of Disbursement Candidate Name Office Sought: House Disbursement For Senate Primary Other (state: District:	General	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

PAGE FOR LINE NUMBER: (check only one)

7-13a

OF /

DANS		Detailed Su	ımmary Page	(crieck only one)	13b
AME OF COMMITTEE (In Full)	<u></u>				
WINA HAYSTEN FO	ion Cer	6NE/)			
LOAN SOURCE Full Name (Last, First, Middle Initial	1) .		E	lection:	
HAJOEN UN	VA C			Primary General	
Mailing Address	1-011			Other (specify) ▼	
P.O. BOX	17811				
Mailing Address P. O. BOX City State	ZIP Code	717			
ECPUALUATINE F	<u>- </u>	16 3	-		
Original Amount of Loan Cumular	tive Payment To Da	ite Komman ar	Balance	Outstanding at Close	of This Period
7/00.00	100.00	<u></u>		<u> </u>	_حر
TERMS Date Incurred	Date Due	H	nterest Rate	Sec	ured:
02'08'30'30	0 0 / Y Y	υ Λ : Α [']		% (anr)	П
List All Endorsers or Guarantors (if any) to Loan S		Algebra and the second	. n.m' = # # 6	Ziviji 70 (apr)	Yes No
Full Name (Last, First, Middle Initial)		ame of Emp	loyer		
Mailing Address		ccupation			
Walling Floaress					
City State ZIP Co	G G	mount luaranteed	<u>;</u> 1		•
	0	utstanding:	fis . u.s.		· · · · ·
2. Full Name (Last, First, Middle Initial)	N	ame of Emp	loyer		
Mailing Address	0	ccupation			
	A	mount		eng ak Namera Kitona	
City State ZIP Co	oue i	iuaranteed lutstanding:	1	andros maixaada miiaa s	•
3. Full Name (Last, First, Middle Initial)		lame of Emp	-,	·	
Mailing Address	-	ccupation			
Mailing Address					
City State ZIP Co		mount luaranteed	i		
	0	outstanding:			
4. Full Name (Last, First, Middle Initial)	N	lame of Emp	oloyer		
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City State ZIP Co		iuaranteed Outstanding:	ll BusåersAsv ₽		e . i:
			-		
UBTOTALS This Period This Page (optional)			• :	25.	0000
OTAL O This David destruction in All Control				530 530	ē T⊀ē∵e. L
OTALS This Period (last page in this line only)			<u> </u>		10.00 ·
Carry outstanding balance only to LINE 3, Schedule D,	for this line. If no	Schedule D	, carry forwar	d to appropriate line o	of Summary.

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

Supplementary for Information found on Page Or of Schedule C

Federal Election Commission, Washington, D.C. 20463					
NAME OF COMMITTEE (In Fuil)		1	DENTIFICATION NUMBER		
WILLA HAYDEN (-on Carbref	/ C	00514950		
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)		
Full Name	processing the transfer of the second of the	and the following	Special Control Contro		
V/4.	Leducine 3 color 1 cy		1 :: 64		
Mailing Address			$(\mathcal{F} \cap [D] \otimes \overline{D}) = V \oplus (Y \otimes \overline{Y}) \otimes V \oplus (Y \otimes \overline{Y})$		
	Date Incurred or Established	2.	/ D D / Y Y Y Y		
City State Zip Code	Date Due		/ TOTAL OF / TYPE Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y		
A. Has loan been restructured? No Yes	If yes, date originally incurre	**	The state of the s		
B. If line of credit, Amount of this Draw:	Outstanding	ļi.	ranga ang manang ang ang ang ang ang ang ang ang an		
Talloute of the State County of the State County and	Constitution (Co. 1)	23.11 L.1.385			
C. Are other parties secondarily liable for the debt incur No Yes (Endorsers and guarantors m	red? ust be reported on Schedule Ç.)			
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: Does the lender have a perference of this collateral.					
E. Are any future contributions or future receipts of inte collateral for the loan? No Yes If yes,	rest income, pleaged as 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).	Location of account:				
	Address:				
Date account established:					
	City, State, Zip:				
F. If neither of the types of collateral described above vexceed the loan amount, state the basis upon which	was pledged for this loan, or if t this loan was made and the ba	he amount pasis on which	eledged does not equal or it assures repayment.		
G. COMMITTEE TREASURER		DATE			
Typed Name			1 / D × D / / Y' -		
Signature					
H. Attach a signed copy of the loan agreement.					
TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the are accurate as stated above. The loan was made on terms and conditions (in similar extensions of credit to other borrowers).	ncluding interest rate) no more for comparable credit worthiness	avorable at t	he time than those imposed for		
III. This institution is aware of the requirement that complied with the requirements set forth at 11	CFR 100.82 and 100.142 in ma	sis wriich ass king this loai	ыгез гераутеть, апо паз 1.		
AUTHORIZED REPRESENTATIVE		T			
Typed Name		DATE	n de la composition della comp		
	itle	1			
Committee of the Commit					

SCHEDULE D (FEC Form 3)

(Use separate schedule(s)

PAGE OF / FOR LINE NUMBER:

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DEBTS	AND	OBLIGATIONS
		_

			for ea		(check only one)	9		
	COMMITTEE (In Full)						1 L -	
	WINA	HAYDIN FO	m Conbo	E//				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Na	ture of D	ebt (Purpose):			
	WIA							
Mailing /	Address							
City	State	Zip Code	 					
Outsta	anding Balance Beginning	This Period						
'	Amount Incurred This Po	કુત જમાત જાહી ≱riod Pa	yment This Period	c	Outstanding Balance at Close of This Period			
	The second secon		eng en grenngen greger ge	• • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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B. Full N	Name (Last, First, Middle I	nitial) of Debtor or Creditor		Na	iture of D	ebt (Purpose):		
Mailing /	Address							
City	State	Zip Code		—				
Outsta	anding Balance Beginning	This Period						
l	Amount Incurred This Pe		vment This Boried	,	Jutetondi-	na Ralance of Class :	f Thie Poris-1	
12	Amount Incurred This Pe	1	yment This Period	,	Julolat IOII	ng Balance at Close o	, ms renod	
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Na	iture of D	ebt (Purpose):			
B 4 . ***	Address							
Mailing /	Address							
City		State	Zîp Code					
	anding Balance Beginning							
::	. Terrir Leman Lerri.							
	Amount Incurred This Pe		yment This Period	c		ng Balance at Close o	f This Period	
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		age (optional)		·		 Manager A を関する。 A Table A Table A		
TOTAL	TOTALS This Period (last page this line number only)							
TOTAL	OUTSTANDING LOANS	from Schedule C (last page o	nnly)	>			.0	
ADD 21) and 3) and carry forward	to appropriate line of Summ	ary Page (last page or				S	

Federal Election Con ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) 7/36/1
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Sig	gnature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
July	8/6/1
PREPARER	DATE PREPARED

(3/2005)