

RECEIVED
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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Stephen Shogan for Senate Committee

ADDRESS (number and street) PO Box 370230

Check if different than previously reported. (ACC)

Denver CO 80237

2. **FEC IDENTIFICATION NUMBER** ▼ C c00556530

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

CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

CO

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / 2014 through M M / D D / 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 LISA Chaiken

Signature of Treasurer LISA Chaiken Date 04 / 17 / 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.

14020181771

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Stephen Shogan for Senate Committee

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
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)) .. | 5600.00 | 5600.00 |
| (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)) ... | 5600.00 | 5600.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | 45602.09 | 45602.09 |
| (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)) ... | 45602.09 | 45602.09 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | 4997.91 | |
| 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)... | 45000.00 | |

For further information contact:

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

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

14020181772

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Stephen Shogan for Senate Committee

Report Covering the Period: From:

| | |
|----|---|
| M | M |
| 01 | |

 /

| | |
|----|---|
| D | D |
| 01 | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2 | 0 | 1 | 4 | | |

 To:

| | |
|----|---|
| M | M |
| 03 | |

 /

| | |
|----|---|
| D | D |
| 31 | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| 2 | 0 | 1 | 4 | | |

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)...

5600.00

5600.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals .

5600.00

5600.00

(b) Political Party Committees...

0.00

0.00

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

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

5600.00

5600.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

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

45000.00

45000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

45000.00

45000.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

50600.00

50600.00

14020181773

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

| | | |
|--|----------|----------|
| 17. OPERATING EXPENDITURES... | 45602.09 | 45602.09 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .. | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... | 0.00 | 0.00 |
| 20. 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 20(a), (b), and (c))... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS .. | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 45602.09 | 45602.09 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | 50600.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | 50600.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | 45602.09 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | 4997.91 |

14020181774

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 11

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> |

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)
Stephen Shogan for Senate Committee

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Dr. Richard Abrams | | Date of Receipt MM / DD / YYYY 03 / 31 / 2014 |
| Mailing Address 55 Cherry Hills Farm Drive | | Transaction ID : SA11AI.4099 |
| City Englewood | State CO | Zip Code 80113 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2000.00 | |
| Name of Employer self employed | Occupation physician | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Richard Bugdanowitz | | Date of Receipt MM / DD / YYYY 03 / 14 / 2014 |
| Mailing Address 420 South Steele Street #27 | | Transaction ID : SA11AI.4106 |
| City Denver | State CO | Zip Code 80209 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer La Nouvelle Cleaners | Occupation owner | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Sheila Bugdanowitz | | Date of Receipt MM / DD / YYYY 03 / 14 / 2014 |
| Mailing Address 420 South Steele Street #27 | | Transaction ID : SA11AI.4108 |
| City Denver | State CO | Zip Code 80209 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Rose Community Foundation | Occupation Foundation CEO | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

14020181775

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

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

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stephen Shogan for Senate Committee

A. Full Name (Last, First, Middle Initial)
Cyndi Burnstein

Mailing Address 10618 Jo Ann Lane

City Plymouth State MI Zip Code 48170

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /

Transaction ID : SA11A1.4105

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Mr. James Burnstein

Mailing Address 10618 Jo Ann Lane

City Plymouth State MI Zip Code 48170

FEC ID number of contributing federal political committee.

Name of Employer self Occupation screenwriter

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /

Transaction ID : SA11A1.4101

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

14020181776

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 11
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Stephen Shogan for Senate Committee

A. Full Name (Last, First, Middle Initial)
Stephen Shogan

Mailing Address 55 Charlou Circle

City Englewood State CO Zip Code 80111

FEC ID number of contributing federal political committee. **C** c00556530

Name of Employer Colorado Neurosurgery Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 20000.00

Date of Receipt 01 / 29 / 2014
Transaction ID : SA13A.4111

Amount of Each Receipt this Period 20000.00

B. Full Name (Last, First, Middle Initial)
Stephen Shogan

Mailing Address 55 Charlou Circle

City Englewood State CO Zip Code 80111

FEC ID number of contributing federal political committee. **C** c00556530

Name of Employer Colorado Neurosurgery Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 45000.00

Date of Receipt 03 / 20 / 2014
Transaction ID : SA13A.4113

Amount of Each Receipt this Period 25000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... 45000.00

TOTAL This Period (last page this line number only)..... 45000.00

14020181777

**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 8 OF 11

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

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NAME OF COMMITTEE (In Full)
Stephen Shogan for Senate Committee

| | | | |
|--|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) A. Big Orange Planet | | Date of Disbursement MM / DD / YYYY 03 / 23 / 2014 | |
| Mailing Address 2401 15th Street #30 | | Amount of Each Disbursement this Period 2750.00 | |
| City Denver | State CO | Zip Code 80202 | Transaction ID : SB17.4121 |
| Purpose of Disbursement webpage creation | | Category/ Type 001 | |
| Candidate Name Stephen Shogan for Senate Committee | | Disbursement For: 2014 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: CO | District: | | |

| | | | |
|--|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) B. Dash Valley Enterprises | | Date of Disbursement MM / DD / YYYY 03 / 21 / 2014 | |
| Mailing Address 466 Lorroway Dr. | | Amount of Each Disbursement this Period 5000.00 | |
| City Castle Rock | State CO | Zip Code 80104 | Transaction ID : SB17.4118 |
| Purpose of Disbursement Campaign Management | | Category/ Type 001 | |
| Candidate Name Stephen Shogan for Senate Committee | | Disbursement For: 2014 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: CO | District: | | |

| | | | |
|--|--|--|----------------------------|
| Full Name (Last, First, Middle Initial) c. North Woods Advertising | | Date of Disbursement MM / DD / YYYY 01 / 29 / 2014 | |
| Mailing Address PO Box 3817 | | Amount of Each Disbursement this Period 18750.00 | |
| City Minneapolis | State MN | Zip Code 55403 | Transaction ID : SB17.4115 |
| Purpose of Disbursement Strategic Communications Plan first bill | | Category/ Type 004 | |
| Candidate Name Stephen Shogan for Senate Committee | | Disbursement For: 2014 | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: CO | District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 26500.00 |
| TOTAL This Period (last page this line number only)..... | |

14020181778

**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 9 OF 11

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

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NAME OF COMMITTEE (In Full)
Stephen Shogan for Senate Committee

| | | | |
|---|--|----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. North Woods Advertising | | Date of Disbursement | |
| Mailing Address PO Box 3817 | | MM / DD / YYYY 03 / 10 / 2014 | |
| City Minneapolis | State MN | Zip Code 55403 | Amount of Each Disbursement this Period |
| Purpose of Disbursement Travel to Denver | Candidate Name | | 602.09 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.4117 |
| State: District: | Category/ Type 002 | | |

| | | | |
|--|--|----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. North Woods Advertising | | Date of Disbursement | |
| Mailing Address PO Box 3817 | | MM / DD / YYYY 03 / 30 / 2014 | |
| City Minneapolis | State MN | Zip Code 55403 | Amount of Each Disbursement this Period |
| Purpose of Disbursement strategic communications plan | Candidate Name Stephen Shogan for Senate Committee | | 18500.00 |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Transaction ID : SB17.4123 |
| State: CO District: | Category/ Type 004 | | |

| | | | |
|---|--|----------------------|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement | |
| Mailing Address | | MM / DD / YYYY | |
| City | State | Zip Code | Amount of Each Disbursement this Period |
| Purpose of Disbursement | 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) | | |
| State: District: | Category/ Type | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 19102.09 |
| TOTAL This Period (last page this line number only)..... | 45602.09 |

14020181779

SCHEDULE C (FEC Form 3)

LOANS

NAME OF COMMITTEE (In Full) **Stephen Shogan for Senate Committee** Transaction ID : **SC/10.4111**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Stephen Shogan | [PERSONAL FUNDS] | Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 55 Charlou Circle | | |
| City Englewood | State CO | ZIP Code 80111 |

| | | |
|-------------------------------------|------------------------------------|---|
| Original Amount of Loan 20000.00 | Cumulative Payment To Date 0.00 | Balance Outstanding at Close of This Period 20000.00 |
|-------------------------------------|------------------------------------|---|

TERMS

| | | | |
|---|----------------------------|--------------------------|---|
| Date Incurred MM / DD / YYYY 01 / 29 / 2014 | Date Due MM / DD / YYYY | Interest Rate % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)... | ▶ 20000.00 |
| TOTALS This Period (last page in this line only)... | ▶ [] |

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

14020181780

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Stephen Shogan for Senate Committee** Transaction ID : **SC/10.4113**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Stephen Shogan
 Mailing Address: 55 Charlou Circle
 Election: 2014
 Primary
 General
 Other (specify) ▼

City: Englewood State: CO ZIP Code: 80111

Original Amount of Loan: 25000.00 Cumulative Payment To Date: 0.00 Balance Outstanding at Close of This Period: 25000.00

TERMS
 Date Incurred: 03 / 20 / 2014 Date Due: Interest Rate: Secured: 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)... 25000.00
TOTALS This Period (last page in this line only)... 45000.00

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

14020181781

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



1007

U.S. POSTAGE
PAID
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80112
APR 12 11
AMOUNT
\$19.99
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OUR FASTEST SERVICE IN THE U.S.



WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



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EPI3F July 2013 OD: 12.5 x 9.5

CUSTOMER USE ONLY
FROM: (PLEASE PRINT) _____ PHONE: () _____
BY THE POST OFFICE

RATIONAL USE
E K 0 4 0 9 J J 3 7 9 A U S
UNITED STATES POSTAL SERVICE®
PRIORITY MAIL EXPRESS™

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

DELIVERY OPTIONS (Customer Use Only)
 SIGNATURE REQUIRED: (If the addressee's signature is required, the mailer must sign the package. If the addressee's signature is required, the mailer must sign the package. If the addressee's signature is required, the mailer must sign the package. If the addressee's signature is required, the mailer must sign the package.)
 No Saturday delivery (Saturday delivery is available for certain destinations)
 Sunday/holiday delivery (Saturday delivery is available for certain destinations)
 Return Receipt (optional)
 TO: (PLEASE PRINT) _____ PHONE: () _____
 ZIP: (U.S. ADDRESSES ONLY) _____

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

| | | | |
|---|--|---|--|
| <input type="checkbox"/> 1-day <input type="checkbox"/> 2-day <input type="checkbox"/> Military <input type="checkbox"/> DPO | | ORIGIN (POSTAL SERVICE USE ONLY) NO ZIP Code _____ Scheduled Delivery Date (MM/DD/YY) _____ | |
| Date Accepted (MM/DD/YY) _____ Scheduled Delivery Time <input type="checkbox"/> AM <input type="checkbox"/> PM | | Insurance Fee \$ _____ COD Fee \$ _____ Return Receipt Fee \$ _____ | |
| Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM Loss Guarantee Or _____ | | Total Postage & Fees \$ _____ Acceptance Employees Initials _____ | |
| Weight _____ lbs. ozs. <input type="checkbox"/> Flat Rate <input type="checkbox"/> Live Ship | | DELIVERY (POSTAL SERVICE USE ONLY) Delivery Address (MM/DD/YY) _____ Delivery Time <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| Delivery Address (MM/DD/YY) _____ Delivery Time <input type="checkbox"/> AM <input type="checkbox"/> PM | | Employee Signature _____ Date Accepted (MM/DD/YY) _____ Time _____ Employee Signature _____ | |

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NANCY ERICKSON
SECRETARY

ANA K. McCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-71
PHONE (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 4/12/14 _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER _____

MN

DATE PREPARED

4/14/14

14020181783

14020181784

