

FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

14 AUG 28 PM 2:19

Office Use Only

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

Wade for US Senate 14

ADDRESS (number and street) 137 E 3rd Street

Check if different  
than previously  
reported. (ACC)

New Castle

DE

19720

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00566331

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

DE

00

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:

X

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M 09

D 08

Y 2014

in the  
State of

DE

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period M 07 D 01 Y 2014 through M 08 D 20 Y 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 James Picconi

Signature of Treasurer

Date

M 08

D 25

Y 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.

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

## of Receipts and Disbursements

Write or Type Committee Name

Wade for US Senate 14

Report Covering the Period: From: 07 01 2014 To: 08 20 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)) ..	12825.00	12825.00
(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)) ...	12825.00	12825.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	6072.23	6072.23
(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)) ...	6072.23	6072.23
8. Cash on Hand at Close of Reporting Period (from Line 27)...	16752.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) ..	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) ...	10000.00	

## For further information contact:

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

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

## PAGE 3 / 10

## Wade for US Senate 14

**COLUMN B**  
**Election Cycle-to-Date**

## 22825.00

FESAN018

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 10

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	6072.23	6072.23
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	6072.23	6072.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	22825.00
25. SUBTOTAL (add Line 23 and Line 24) ..	22825.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	6072.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	16752.77

**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 10	
(check only one)			
<input checked="" 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)  
**Wade for US Senate 14**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. RRM Carpenter III</b>			Date of Receipt M M D D Y Y 08 12 2014	
Mailing Address PO Box 732			<b>Transaction ID : SA11AI.4135</b>	
City Montchanin	State DE	Zip Code 19710	Amount of Each Receipt this Period  2000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Unknown		Occupation Unknown		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  2000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Donald Hallam</b>			Date of Receipt M M D D Y Y 07 23 2014	
Mailing Address 2 Albany Place			<b>Transaction ID : SA11AI.4126</b>	
City Wilmington	State DE	Zip Code 19806	Amount of Each Receipt this Period  2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer None		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  2600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mr. Donald Hallam</b>			Date of Receipt M M D D Y Y 07 23 2014	
Mailing Address 2 Albany Place			<b>Transaction ID : SA11AI.4127</b>	
City Wilmington	State DE	Zip Code 19806	Amount of Each Receipt this Period  400.00	
FEC ID number of contributing federal political committee. C				
Name of Employer None		Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date  3000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			5000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

11402006857177

**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)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15  
 PAGE 6 OF 10

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)  
**Wade for US Senate 14**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Edward Janvier</b>			Date of Receipt M M / D D Y Y Y 08 15 2014		
Mailing Address 7 Thornberry Lane			Transaction ID : SA11AI.4136		
City Hockessin	State DE	Zip Code 19707	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00		
Name of Employer Janvier Jewelers		Occupation Jeweler	Amount of Each Receipt this Period 2600.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	Amount of Each Receipt this Period 2600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Mr. Edward Janvier</b>			Date of Receipt M M / D D Y Y Y 08 15 2014		
Mailing Address 7 Thornberry Lane			Transaction ID : SA11AI.4137		
City Hockessin	State DE	Zip Code 19707	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2600.00		
Name of Employer Janvier Jewelers		Occupation Jeweler	Amount of Each Receipt this Period 2600.00		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5200.00	Amount of Each Receipt this Period 2600.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Ms Mary McCann Spicer</b>			Date of Receipt M M / D D Y Y Y 08 15 2014		
Mailing Address PO Box 611			Transaction ID : SA11AI.4138		
City Lewes	State DE	Zip Code 19958	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 400.00		
Name of Employer None		Occupation Retired	Amount of Each Receipt this Period 400.00		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00	Amount of Each Receipt this Period 400.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			5600.00		
<b>TOTAL</b> This Period (last page this line number only) .....			5600.00		

114002006838377788

**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 10  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 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)  
**Wade for US Senate 14**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Mr. Harry Skilton</b>			Date of Receipt M M / D D / Y Y Y 08 17 2014		
Mailing Address 12 Queen Street			Transaction ID : SA11AI.4139		
City New Castle	State DE	Zip Code 19720	Amount of Each Receipt this Period \$ 500.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 500.00			
Name of Employer None		Occupation Retired		Amount of Each Receipt this Period \$ 500.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 500.00		Amount of Each Receipt this Period \$ 500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ms Sandra Urstadt</b>			Date of Receipt M M / D D / Y Y Y 07 21 2014		
Mailing Address 361 Misty Vale Drive			Transaction ID : SA11AI.4125		
City Middletown	State DE	Zip Code 19709	Amount of Each Receipt this Period \$ 1000.00		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$ 1000.00			
Name of Employer None		Occupation Retired		Amount of Each Receipt this Period \$ 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$ 1000.00		Amount of Each Receipt this Period \$ 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y		
Mailing Address			Transaction ID :		
City	State	Zip Code	Amount of Each Receipt this Period \$		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$			
Name of Employer		Occupation		Amount of Each Receipt this Period \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$		Amount of Each Receipt this Period \$	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			\$ 1500.00		
<b>TOTAL</b> This Period (last page this line number only) .....			\$ 12100.00		

114002200883577799

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

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

FOR LINE NUMBER: PAGE 8 OF 10  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 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)  
**Wade for US Senate 14**

Full Name (Last, First, Middle Initial) <b>Mr. Kevin L Wade</b>			Date of Receipt 07 25 2014	
Mailing Address 137 E 3rd Street			Transaction ID : SA13A.4145	
City New Castle		State DE	Zip Code 19720	
FEC ID number of contributing federal political committee. C S2DE00064		Amount of Each Receipt this Period 10000.00		
Name of Employer Philadelphia Control Systems,		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 10000.00		
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address				
City		State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address				
City		State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address				
City		State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date		
SUBTOTAL of Receipts This Page (optional) .....			10000.00	
TOTAL This Period (last page this line number only) .....			10000.00	

1140220688377800



**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 10

☒ 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)  
**Wade for US Senate 14**

Full Name (Last, First, Middle Initial)

**A. Mr. Matthew Casey**

Mailing Address unknown

City unknown State DE Zip Code

Purpose of Disbursement

001

Category/  
Type

Candidate Name  
**Wade for US Senate 14**

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: DE District: 00

Date of Disbursement

M M D D Y Y  
08 07 2014

Amount of Each Disbursement this Period

440.00

Transaction ID : SB17.4148

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Casey**

Mailing Address unknown

City unknown State DE Zip Code

Purpose of Disbursement

001

Category/  
Type

Candidate Name  
**Wade for US Senate 14**

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: DE District: 00

Date of Disbursement

M M D D Y Y  
08 14 2014

Amount of Each Disbursement this Period

440.00

Transaction ID : SB17.4155

Full Name (Last, First, Middle Initial)

**C. SRH Media**

Mailing Address 202 Rosealle Cove Court

City Silver Spring State MD Zip Code 20905

Purpose of Disbursement

004

Category/  
Type

Candidate Name  
**Wade for US Senate 14**

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: DE District: 00

Date of Disbursement

M M J D Y Y  
08 13 2014

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.4152

**SUBTOTAL** of Disbursements This Page (optional)..... 5880.00

**TOTAL** This Period (last page this line number only)..... 5880.00

14020683781

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

PAGE 10 OF 10

FOR LINE NUMBER:  
(check only one)

☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)  
**Wade for US Senate 14**

Transaction ID : SC/10.4145

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

**[PERSONAL FUNDS]**

Election: 2014

**Mr. Kevin L Wade**

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

137 E 3rd Street

City

State

ZIP Code

New Castle

DE

19720

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07

D 25

Y 2014

M M

Y Y Y Y

0.00

% (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)...

10000.00

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

10000.00

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

**EXTREMELY URGENT**

Please Rush To Addressee

PLEASE PRESS FIRMLY

Schedule package pickup right from you  
Print postage online



U.S. POSTAGE  
PAID  
GREENWOOD, DE  
19950  
AUG 27, 14  
AMOUNT

**\$19.99**  
00013234-08

1007



**UNITED STATES POSTAL SERVICE**

Flat Rate Envelope

Visit us at [usps.com](http://usps.com)

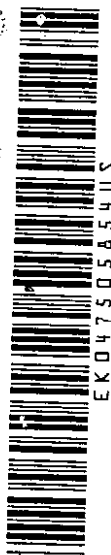
**EXTREMELY URGENT**

Please Rush To Addressee



PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).



EK047505A54US



**PRIORITY  
★ MAIL ★  
EXPRESS™**

Post Office To Addressee

<b>ORIGIN (POSTAL SERVICE USE ONLY)</b>		<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
Scheduled Delivery Date (MMDDYY)		Postage	
PO ZIP Code		COD Fee	
Date Accepted (MMDDYY)		BY THE SENATE	
Time Accepted (AM/PM)		POST OFFICE	
Weight		Acceptance Employee Initials	
Est. No.		<input type="checkbox"/> Sunday/Holiday Premium	
Delivery Attempt (MMDDYY)		Employee Signature	
Time (AM/PM)		Employee Signature	
Delivery Attempt (MMDDYY)		Employee Signature	
Time (AM/PM)		Employee Signature	

PSN 760402-000-9999

3-ADDRESSEE COPY

<b>CUSTOMER USE ONLY</b>	
FROM: (PLEASE PRINT)	
Wade for U.S. Senate '14	
c/o James P. ...	
11783 Kynh Way	
Greenwood DE 19950	
PHONE ( ) - -	
302 430-1477	
PAYMENT BY ACCOUNT (if applicable)	
<b>DELIVERY OPTIONS (Customer Use Only)</b>	
<input type="checkbox"/> SIGNATURE REQUIRED	
Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; 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.	
<input type="checkbox"/> No Saturday Delivery (delivered next business day)	
<input type="checkbox"/> Sunday/Holiday Delivery (additional fee, where available)	
*Refer to USPS.com or local Post Office for availability.	
TO: (PLEASE PRINT)	
Secretary of the	
Office	
PO Box 77579	
Washington DC	
ZIP + 4* (U.S. ADDRESSES ONLY)	
20013-7518	

For pickup or USPS Tracking™, visit [USPS.com](http://USPS.com) or call 800-222-1811.  
\$100.00 Insurance Included.



PS10001000006

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
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 \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL **8-27-14** \_\_\_\_\_  
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

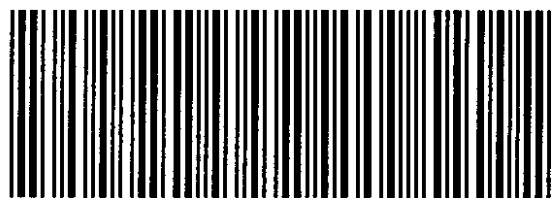
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **8-28-14**

14020683784



SEN PATCH



SEN PATCH

14020683785