

**FEC
FORM 3**

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

PAGE 179
SECRETARY OF PUBLIC RECORDS
14 JUL 14 PM 3:39
Office Use Only

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

ADDRESS (number and street) 409 BEAUMONDE AVENUE
Check if different than previously reported. (ACC) SHELBY NC 28150

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00554741 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
NC 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:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on _____ in the State of _____
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period M M / D D / Y Y 04 17 / 2014 through M M / D D / Y Y 06 30 / 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 DARRELL LYNN KELLER
Signature of Treasurer *Darrell Lynn Keller* Date 07 11 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 Only									
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FEC FORM 3
(Revised 02/2003)

14020453776

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TED ALEXANDER FOR US SENATE

Report Covering the Period: From: ^M04 ^D17 2014 To: ^M06 ^D30 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))...	5605.00	31650.00
(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))...	5605.00	31650.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) ..	15235.89	16361.92
(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))...	15235.89	16361.92
8. Cash on Hand at Close of Reporting Period (from Line 27)...	17.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	

For further information contact:

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

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

14020453777

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 12/2003)

of Receipts

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Write or Type Committee Name

TED ALEXANDER FOR US SENATE

Report Covering the Period: From: ^{M M} 04 ^{D D} 17 ^{Y Y} 2014 To: ^{M M} 06 ^{D D} 30 ^{Y Y} 2014

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)...	2200.00	20540.00
(ii) Unitemized.....	3405.00	11110.00
(iii) TOTAL of contributions from individuals	5605.00	31650.00
(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))..	5605.00	31650.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
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)...	5605.00	31650.00

1402045378

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	15235.89	16361.92
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	15270.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15235.89	31632.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	9648.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	5605.00
25. SUBTOTAL (add Line 23 and Line 24)...	15253.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	15235.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	17.83

14020453779

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 9	
	<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)
TED ALEXANDER FOR US SENATE

Full Name (Last, First, Middle Initial) AMY BERRY			Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
A. Mailing Address PO BOX 326			Transaction ID : SA11AI.4470
City SHELBY	State NC	Zip Code 28151	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF	Occupation HOMEMAKER		
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) TRACY PAUL BUCHANAN			Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
B. Mailing Address 2108 EXPLORER TRACE			Transaction ID : SA11AI.4545
City LANGLEY AFB	State VA	Zip Code 23665	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer USAF	Occupation HR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) CLYDE V BURR			Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014
C. Mailing Address 1608 SPANGLER DR			Transaction ID : SA11AI.4519
City SHELBY	State NC	Zip Code 28150-6136	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

14020453780

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
TED ALEXANDER FOR US SENATE

Full Name (Last, First, Middle Initial) A. BILL CLAYTOR			Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 328 TREMONT PLACE			Transaction ID : SA11AI.4432		
City SHELBY	State NC	Zip Code 28150	Amount of Each Receipt this Period \$, , 1000.00		
FEC ID number of contributing federal political committee. C					
Name of Employer SELF EMPLOYED		Occupation DENTIST			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, , 1100.00			

Full Name (Last, First, Middle Initial) B. RALPH MEEKINS			Date of Receipt M M / D D / Y Y Y Y 04 / 18 / 2014		
Mailing Address 1230 BROOKWOOD DR			Transaction ID : SA11AI.4542		
City SHELBY	State NC	Zip Code 28150	Amount of Each Receipt this Period \$, , 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer TEDDY AND MEEKINS, PLLC		Occupation ATTORNEY			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, , 250.00			

Full Name (Last, First, Middle Initial) C. CLARK TWIDDY			Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014		
Mailing Address 217 COLINGTON RIDGE			Transaction ID : SA11AI.4546		
City KILL DEVIL HILLS	State NC	Zip Code 27948	Amount of Each Receipt this Period \$, , 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer TWIDDY & COMPANY		Occupation HO9SPITALITY			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date \$, , 250.00			

SUBTOTAL of Receipts This Page (optional).....	\$, , 1500.00
TOTAL This Period (last page this line number only).....	\$, , 2200.00

14020453781

**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 7 OF 9	
	<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)
TED ALEXANDER FOR US SENATE

Full Name (Last, First, Middle Initial) A. CREATIVE BIG PRINT		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO BOX 248		Amount of Each Disbursement this Period 600.00
City SHELBY	State NC	
Zip Code 28151	Purpose of Disbursement	Transaction ID : SB17.4461
Candidate Name	006 Category/Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOURNEY CHRISTIAN NEWS PAPER		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 229 AIRPORT ROAD SUITE 7-165		Amount of Each Disbursement this Period 680.00
City ARDEN	State NC	
Zip Code 28704	Purpose of Disbursement	Transaction ID : SB17.4458
Candidate Name	004 Category/Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address BILLING@PIRYX.COM		Amount of Each Disbursement this Period 20.13
City	State	
Zip Code	Purpose of Disbursement CC FEE	Transaction ID : SB17.4544
Candidate Name	003 Category/Type	
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1300.13
TOTAL This Period (last page this line number only).....	

14020453782

**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 9	
	<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)
TED ALEXANDER FOR US SENATE

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M - M / D - D / Y - Y - Y 05 / 01 / 2014
Mailing Address BILLING@PIRYX.COM		Amount of Each Disbursement this Period 20.13 Transaction ID : SB17.4552
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
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)	
State:	District:	

Full Name (Last, First, Middle Initial) B. PIRYX		Date of Disbursement M - M / D - D / Y - Y - Y 05 / 27 / 2014
Mailing Address BILLING@PIRYX.COM		Amount of Each Disbursement this Period 8.63 Transaction ID : SB17.4561
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
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)	
State:	District:	

Full Name (Last, First, Middle Initial) C. TED ALEXANDER FOR US SENATE		Date of Disbursement M - M / D - D / Y - Y - Y 05 / 05 / 2014
Mailing Address 409 BEAUMONDE AVENUE		Amount of Each Disbursement this Period 12000.00 Transaction ID : SB17.4555
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
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)	
State: NC	District: 00	

SUBTOTAL of Disbursements This Page (optional).....	12028.76
TOTAL This Period (last page this line number only).....	

14020453783

**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 9	
	<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)
TED ALEXANDER FOR US SENATE

Full Name (Last, First, Middle Initial) A. TED ALEXANDER FOR US SENATE		Date of Disbursement M M / D D / Y Y 05 / 28 / 2014
Mailing Address 409 BEAUMONDE AVENUE		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.4554
City SHELBY	State NC	
Zip Code 28150	Purpose of Disbursement REIMBURSE	Category/ Type 004
Candidate Name	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)	
State: NC	District: 00	

Full Name (Last, First, Middle Initial) B. TIM WOMBEL		Date of Disbursement M M / D D / Y Y 04 / 17 / 2014
Mailing Address		Amount of Each Disbursement this Period 607.00 Transaction ID : SB17.4460
City SHELBY	State NC	
Zip Code 28150	Purpose of Disbursement	Category/ Type 004
Candidate Name	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)	
State:	District:	

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

SUBTOTAL of Disbursements This Page (optional).....	1907.00
TOTAL This Period (last page this line number only).....	15235.89

14020453784

1 4 0 2 0 4 3 2 7 0 0

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EXTREMELY URGENT

Please Rush To Address

OPENED FOR INSPECT

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EXPRESS MAIL ENVELOPE POSTAGE REQUIRED.

PLEASE PRESS FIRMLY

PLEAS

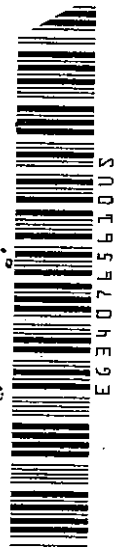


Envelope International Use



U.S. POSTAGE PAID KINGS MOUNTAIN, NC JUL 11 14 AMOUNT \$19.99 00094298-06

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



EXPRESS MAIL

Addresssee Copy
Label 11-B, March 2004

UNITED STATES POSTAL SERVICE® **Post Office To Addressee**

DELIVERY (POSTAL USE ONLY)		Employee Signature	
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day		Employee Signature	
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day		Employee Signature	
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Mo. Day		Employee Signature	

CUSTOMER USE ONLY

WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if the sender requests waiver of signature. This does not apply to the mailing signature of addressee or addressee's agent (if addressee authorizes that delivery employee's signature constitutes valid proof of delivery).

NO DELIVERY Mailing Signature

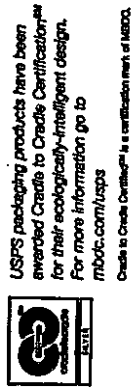
TO: (PL) (INT)

ZIP + 4 (U.S. ADDRESSES ONLY) | COUNTRY CODE | COUNTRY # | FLOW.

ORIGIN (POSTAL SERVICE USE ONLY)		Postage	
Day of Delivery	Postage \$	Return Receipt Fee \$	Insurance Fee \$
<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th Day			
Scheduled Date of Delivery			
Month	Day		
Scheduled Time of Delivery			
<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM			
Military			
<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			
Int'l Alpha Country Code			
Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM			
Weight <input type="checkbox"/> lbs. <input type="checkbox"/> ozs.			

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WANCY ERICKSON
SECRETARY

ANA K. MCCALLUM
SUPERINTENDENT
DATE OFFICE BUILT
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 _____ Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 7-11-14 _____ Postmark

OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DEL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____ Date of Receipt

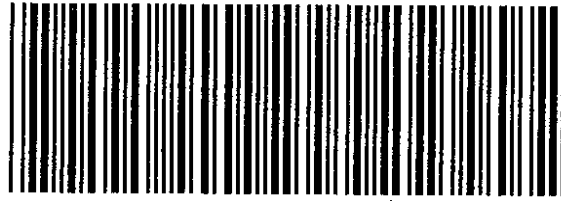
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____ Date of Receipt

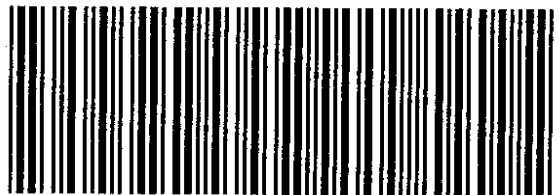
OTHER _____ Date of Receipt or Postmark

PREPARER DH _____ DATE PREPARED 7-14-14

14020453786



SEN PATCH



SEN PATCH

14020453787