

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER

2018 APR 30 AM 10:33
Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

ADDRESS (number and street)

1919 AKSARBEN DRIVE

Check if different than previously reported. (ACC)

PO BOX 3248

OMAHA

NE

68180-0001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00276311

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

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY
05 / 15 / 2018

in the State of

NE

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

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

Election on

MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
04 / 01 / 2018

through

MM / DD / YYYY
04 / 25 / 2018

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 Dale Mackel

Signature of Treasurer

Dale Mackel

Date

MM / DD / YYYY
04 / 27 / 2018

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

Report Covering the Period: From:

/ /
0 4 / 0 1 / 2 0 1 8

To:

/ /
0 4 / 2 5 / 2 0 1 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>
	2 0 1 8	50,454.33
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	
	44,714.26	
(c) Total Receipts (from Line 19)	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>
	597.95	9,476.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>
	45,312.21	59,930.69
7. Total Disbursements (from Line 31).....	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>
	2,520.72	17,139.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>
	42,791.49	42,791.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	
	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/> <input type="text" value="YYYY"/>	
	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2018

To:

MM / DD / YYYY
04 / 25 / 2018

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).....

260.79

5,174.14

(ii) Unitemized.....

337.16

4302.22

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

597.95

9,476.36

(b) Political Party Committees.....

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

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

597.95

9,476.36

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

597.95

9,476.36

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

597.95

9,476.36

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DETAILED SUMMARY PAGE
of Disbursements

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	20.72	139.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20.72	139.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	8,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2,500.00	8,500.00
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))..	2,520.72	17,139.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2,520.72	17,139.20

2025 RELEASE UNDER E.O. 14176

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)	597.95	9,476.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	597.95	9,476.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20.72	139.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20.72	139.20

20110101:04:MO:GM:000000000000

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

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

FOR LINE NUMBER: PAGE 1 OF 4
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. MACKEL, DALE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
12618 S. 81ST AVE

City **PAPILLION** State **NE** Zip Code **68046**

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

Name of Employer (for Individual) **BCBS OF NE** Occupation (for Individual) **EVP Finance and Admin**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,583.59

Date of Receipt
04 / 25 / 2018

Amount of Each Receipt this Period
114.45

Memo Item

B. COURTNEY, SUSAN
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
1711 N. 171 ST.

City **OMAHA** State **NE** Zip Code **68118**

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

Name of Employer (for Individual) **BCBS OF NE** Occupation (for Individual) **EVP Operations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,156.36

Date of Receipt
04 / 25 / 2018

Amount of Each Receipt this Period
57.22

Memo Item

C. KOLLI, RAMA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address
2723 N. 191ST STREET

City **ELKHORN** State **NE** Zip Code **68022**

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

Name of Employer (for Individual) **BCBS OF NE** Occupation (for Individual) **Chief Information Officer**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
462.21

Date of Receipt
04 / 25 / 2018

Amount of Each Receipt this Period
61.16

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ **232.83**

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

20180425 12:40:00 PM

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

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

FOR LINE NUMBER: PAGE **2** OF **4**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. ALM, JENI
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2120 SOUTH 64TH, PLAZA #108**
 City: **OMAHA** State: **NE** Zip Code: **68106**
 Date of Receipt: **04 / 25 / 2018**
 Amount of Each Receipt this Period: **15.98**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **BCBS OF NE** Occupation: **VP Health Network**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **224.24**

B. BLACK, LYNDEE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **7911 TRENDWOOD DR**
 City: **LINCOLN** State: **NE** Zip Code: **68506**
 Date of Receipt: / /
 Amount of Each Receipt this Period: **0.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **BCBS OF NE** Occupation: **Board Member**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **250.00**

C. BLUE CROSS BLUE SHIELD OF NE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **PO BOX 3248**
 City: **OMAHA** State: **NE** Zip Code: **68124**
 Date of Receipt: **04 / 25 / 2018**
 Amount of Each Receipt this Period: **-344.94**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **BCBS OF NE** Occupation: **N/A**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **0.00**

***MEMO ITEM**
 This amount was deposited in error and listed on previous report. Contributions deposits were reduced this amount to fix this amount deposited in error.

SUBTOTAL of Receipts This Page (optional)..... **-328.96**
TOTAL This Period (last page this line number only).....

2018-04-MO-WO-BANKRUPT

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 4

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

Full Name (Last, First, Middle Initial)

A. GRANDFIELD, STEVE

Mailing Address

23307 SUNSHINE LN

City

COUNCIL BLUFFS

State

IA

Zip Code

51503

FEC ID number of contributing federal political committee.

C [REDACTED]

Name of Employer

BCBC OF NE

Occupation

PRESIDENT AND CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] 401.45

Date of Receipt

MM / DD / YYYY
04 / 25 / 2018

Amount of Each Receipt this Period

[REDACTED] 81.49

Full Name (Last, First, Middle Initial)

B. ALM, DAN

Mailing Address

5071 S. 175 ST.

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing federal political committee.

C [REDACTED]

Name of Employer

BCBS OF NE

Occupation

VP Actuarial and Underwriting

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] 257.70

Date of Receipt

MM / DD / YYYY
04 / 25 / 2018

Amount of Each Receipt this Period

[REDACTED] 17.66

Full Name (Last, First, Middle Initial)

C. SCHAEFER, JOANN

Mailing Address

106 ABBEY LANDING

City

VALLEY

State

NE

Zip Code

68046-9332

FEC ID number of contributing federal political committee.

C [REDACTED]

Name of Employer

BCBS OF NE

Occupation

EVP Health Delivery Engagement

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

[REDACTED] 273.64

Date of Receipt

MM / DD / YYYY
04 / 25 / 2018

Amount of Each Receipt this Period

[REDACTED] 37.77

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

[REDACTED] 136.92

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

[REDACTED]

20180425 10:01 AM : GM : DOWN : 00

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

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

FOR LINE NUMBER: PAGE 4 OF 4
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. DEINES, JOHN

Full Name (Last, First, Middle Initial)

Mailing Address
12351 S 74TH STREET

City **PAPILLION** State **NE** Zip Code **68046**

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

Name of Employer **BCBS OF NE** Occupation **Dir. Group Sales**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **04 / 25 / 2018**

Amount of Each Receipt this Period **220.00**

B.

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **220.00**

TOTAL This Period (last page this line number only).....▶ **260.79**

NOTICE OF MAIL DELIVERY

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	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c	<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 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)
BLUE CROSS BLUE SHIELD OF NE PAC (BLUEPAC)

A. FORTENBERRY FOR CONGRESS

Full Name (Last, First, Middle Initial)
 Mailing Address
PO BOX 30265
 City **LINCOLN** State **NE** Zip Code **68503**

Purpose of Disbursement
SUPPORT Category/Type **011**

Candidate Name
JEFF FORTENBERRY

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

State: District:

Date of Disbursement
04 / 20 / 2018

FEC Identification Number
C

Amount of Each Disbursement this Period
2,500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code

Purpose of Disbursement
 Category/Type

Candidate Name

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

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code

Purpose of Disbursement
 Category/Type

Candidate Name

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

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ **2,500.00**

TOTAL This Period (last page this line number only).....▶ **2,500.00**

NOTICE: ON: MW: ON: 00000000

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REFERENCE NUMBER

Russell E. Hurdage

TELEPHONE **402-982-70008723**

BLUE CROSS BLUE SHIELD OF NE

9635 M ST

OMAHA

NE 68127

EXTREMELY URGENT DELIVERY TO

TELEPHONE

Federal Election Commission

1050 First Street, N.E.

Washington, DC 20002

Restricted

0201952542609 6/12 RRD

United Parcel Service, Louisville, KY

WGT

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WEIGHT

DIMENSIONAL WEIGHT

LARGE PACKAGE

SHIPPER RELEASE

1P

1P

Saver

Shippers authorize UPS to act as their agent for return permits and other purposes.

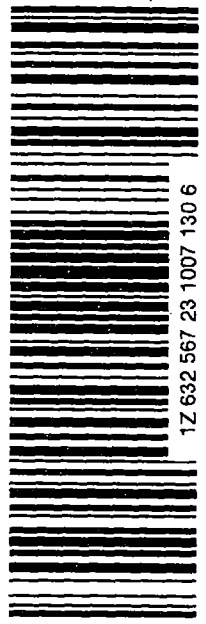
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UPS Next Day Air

EXTREMELY URGENT

Saver

1P



1Z 632 567 23 1007 130 6

TRACKING NUMBER

SHIPMENT ID NUMBER

6325 677B DVT

RECEIVED

FEC MAIL CENTER

2018 APR 30 AM 10:33

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
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>4/27/2018</i>
	Next Business Day Delivery <input checked="" 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

mf
 PREPARER
 (3/2015)

4/30/2018
 DATE PREPARED

20180430 10:01:00 AM