

from the desk of..

HERB SWARZMAN
4214 FAIRWAY RUN
TAMPA, FLA 33618
813-962-1930 / FAX 813-962-4831

RECEIVED
FEC MAIL CENTER
5/5/08
2008 MAY -7 AM 11:02

DEAR Ms. PARMONA

AS YOU CAN SEE IN MY REPORT,
THERE ARE NO EXPENSES I DO EVERYTHING
MYSELF.

MY REPORT IS LATE BECAUSE I
THOUGHT MY NEXT REPORT WAS DUE 6/30/08.
PERHAPS, I MISSED CORRESPONDENTS FROM
THE FEC (BY 3/31) BECAUSE I HAVE BEEN
IN AND OUT OF THE HOSPITAL DURING THE
LAST 3 MONTHS.

THANK YOU FOR YOUR CONSIDERATION. I
DID THE REPORT AND OVER-NIGHTED IT TO
YOU AS SOON AS I RECEIVED YOUR LETTER
DATED 4/30

Herb Swarzman

28039721807



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

April 30, 2008

RQ-7

HERB SWARZMAN, TREASURER
BAYPAC
BOX 271082
TAMPA, FL 33688

IDENTIFICATION NUMBER: C00155713

REFERENCE: APRIL QUARTERLY REPORT 1/1/2008 - 3/31/2008

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR §104.18. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF THE STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT. DUE TO HEIGHTENED SECURITY SCREENING MEASURES, DELIVERY OF MAIL BY THE US POSTAL SERVICE MAY BE DELAYED. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT VIA OVERNIGHT DELIVERY OR COURIER SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT CHRISTOPHER RITCHIE AT OUR TOLL FREE NUMBER (800)424-9530. OUR DIRECT LOCAL NUMBER IS (202)694-1130.

SINCERELY,

Patricia Carmona

PATRICIA CARMONA
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION (RAD)

28039721808

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 MAY -7 AM 11:03
Office Use Only

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

BATPAC

ADDRESS (number and street) Box 271082

Check if different than previously reported. (ACC) Tampa FL 33688

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00155713

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

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

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

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

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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 HERB SWARZMAN

Signature of Treasurer *Herb Swartzman* Date M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

28039721809

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAIPAC

Report Covering the Period:

From:

1 / **1** / **2008**

To:

3 / **31** / **2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	1660	1660 -
(b) Cash on Hand at Beginning of Reporting Period.....	1660 -	
(c) Total Receipts (from Line 19)	6580 -	6580 -
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8240 -	8240 -
7. Total Disbursements (from Line 31).....	6000 -	6000 -
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2240 -	2240 -
9. 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 Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

28039721810

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

BAYPAC

Report Covering the Period: From:

11/01/2008

To:

03/31/2008

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).....

6,580 -

6,580 -

(ii) Unitemized

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

(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).....▶

6,580 -

6,580 -

**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)).....▶**

6,580 -

6,580 -

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

6,580 -

6,580 -

28039721811

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000 -	6000 -
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(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)).....	6000 -	6000 -
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(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))..	6000 -	6000 -
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000 -	6000 -

28039721812

DETAILED SUMMARY PAGE
of Disbursements

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)	6580-	6580-
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6580-	6580-
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0-	0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0-	0

28039721813

**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 1 OF 3
	<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)
BAYPAC

A. Full Name (Last, First, Middle Initial)
LEE TUBIN

Mailing Address

City **Tampa** State **Fl.** Zip Code

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

Name of Employer Occupation
PACKAGING EXECUTIVE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
500 -

Date of Receipt
2 / 4 / 2008

Amount of Each Receipt this Period
500 -

B. Full Name (Last, First, Middle Initial)
MARTIN SUTOMON

Mailing Address

City **Tampa** State **Fl.** Zip Code

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

Name of Employer Occupation
ACCOUNTANT EXECUTIVE

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
180 -

Date of Receipt
2 / 5 / 2008

Amount of Each Receipt this Period
180 -

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

Mailing Address

City **Tampa** State **FL** Zip Code

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

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
400 -

Date of Receipt
2 / 5 / 2008

Amount of Each Receipt this Period
400 -

SUBTOTAL of Receipts This Page (optional)..... **1080 -**

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

28039721814

**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 2 OF 3	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Full Name (Last, First, Middle Initial) MARK LINSKY		Date of Receipt 2 19 2008
Mailing Address		Amount of Each Receipt this Period 500-
City Tampa	State FL. Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500-
Name of Employer	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500-	

B. Full Name (Last, First, Middle Initial) BLOSSOM LEIBOWITZ		Date of Receipt 2 20 2008
Mailing Address		Amount of Each Receipt this Period 2500-
City Tampa	State FL. Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500-
Name of Employer	Occupation HOUSWIFE	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500-	

C. Full Name (Last, First, Middle Initial) DBE MARENIS		Date of Receipt 2 20 2008
Mailing Address		Amount of Each Receipt this Period 500-
City Tampa Fla	State FL. Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500-
Name of Employer SELF	Occupation Plastic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500-	

SUBTOTAL of Receipts This Page (optional).....▶	3500-
TOTAL This Period (last page this line number only).....▶	3500-

28039721815

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

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

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)

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

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Full Name (Last, First, Middle Initial)
Douglas Lohr

Mailing Address

City **Tampa** State **FL.** Zip Code

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

Name of Employer **TRANS Corp of Tampa** Occupation **OWNER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500 -**

Date of Receipt **3 / 7 / 2008**

Amount of Each Receipt this Period **500 -**

B. Full Name (Last, First, Middle Initial)
John Ellis

Mailing Address

City **Tampa** State **FL.** Zip Code

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

Name of Employer Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1,000 -**

Date of Receipt **3 / 7 / 2008**

Amount of Each Receipt this Period **1,000 -**

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

Mailing Address

City **Tampa** State **FL.** Zip Code

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

Name of Employer Occupation **ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500 -**

Date of Receipt **3 / 2 / 2008**

Amount of Each Receipt this Period **500 -**

SUBTOTAL of Receipts This Page (optional)..... ▶ **2,000 -**

TOTAL This Period (last page this line number only)..... ▶ **6,580 -**

28039721816

**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 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)
BAYPAC

Full Name (Last, First, Middle Initial) A. Cong. ERIC CANTOR Re-Election Camp.		Date of Disbursement 1 28 2008
Mailing Address		Amount of Each Disbursement this Period 1000 -
City Wash. State D.C. Zip Code D.C.	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name ERIC CANTOR	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA District:	

Full Name (Last, First, Middle Initial) B. Cong. CONNIE MACK Re-Election Camp.		Date of Disbursement 2 15 2008
Mailing Address		Amount of Each Disbursement this Period 1000 -
City Wash. State D.C. Zip Code D.C.	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name CONNIE MACK	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: FL. District:	

Full Name (Last, First, Middle Initial) C. Cong. LINCOLN DIAZ-BALART Re-Election Camp.		Date of Disbursement 3 13 2008
Mailing Address		Amount of Each Disbursement this Period 500 -
City Wash. State D.C. Zip Code D.C.	Purpose of Disbursement CAMPAIGN CONTRIBUTION	
Candidate Name LINCOLN DIAZ-BALART	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: FL. District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2500 -
TOTAL This Period (last page this line number only).....▶	

28039721817

**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 2 OF 2					
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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)
ISA/PAC

A. Cong Gus Bilirakis Re-Election Camp.

Full Name (Last, First, Middle Initial)

Mailing Address

City: **Wash.** State: **D.C.** Zip Code

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION**

Candidate Name: **GUS BILIRAKIS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **FL** District: **9th**

Date of Disbursement: **3 / 28 / 2008**

Amount of Each Disbursement this Period: **1,000 -**

B. Cong. Cathy CASTOR Re-Election Camp.

Full Name (Last, First, Middle Initial)

Mailing Address

City: **Wash.** State: **D.C.** Zip Code

Purpose of Disbursement: **CAMPAIGN CONTRIBUTION**

Candidate Name: **CATHY CASTOR**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **FL** District: **11th**

Date of Disbursement: **MEM / DDD / VVVVVVVV**

Amount of Each Disbursement this Period: **2,500 -**

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District

Date of Disbursement: **MEM / DDD / VVVVVVVV**

Amount of Each Disbursement this Period: **MEM / DDD / VVVVVVVV**

SUBTOTAL of Disbursements This Page (optional).....▶ **3,500 -**

TOTAL This Period (last page this line number only).....▶ **6,000 -**

28039721818

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.

28039721819

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input checked="" type="checkbox"/> USPS Express Mail	Postmarked 5/6/08
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input 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
 PREPARER (3/2005)	 5/7/08 DATE PREPARED