

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JUL 14 P 12:12
Office Use Only

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

NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE
EMPLOYEES, INC. POLITICAL ACTION COMMITTEE (NASCOE)

ADDRESS (number and street) 313 MASSACHUSETTS AVE NE

Check if different than previously reported. (ACC)

WASHINGTON DC 20002

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

C00413567

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

X

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 / D D / 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 / D D / Y Y Y Y In the State of

5. Covering Period 04 16 2006 through 07 15 2006

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 ROBERT L. REDDING JR.

Signature of Treasurer  Date 04 13 2006

26039121911

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NASCDF

Report Covering the Period: From: **04 10 2006** To: **07 15 2006**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, y r y y		-0-
(b) Cash on Hand at Beginning of Reporting Period.....	\$1,717.79	
(c) Total Receipts (from Line 19)	\$842.00	\$842.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$2,559.79	\$2,559.79
7. Total Disbursements (from Line 31).....	\$2,500.00	\$2,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59.79	\$59.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	-0-	

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

25039121912

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Farm Service Agency County Office Employees, INC., PAC

Report Covering the Period: From:

04 16 2006

To:

07 15 2006

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).....

842.00

842.00

(ii) Unitemized.....

-0-

-0-

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

842.00

842.00

(b) Political Party Committees.....

-0-

-0-

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

-0-

~~842.00~~

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

842.00

842.00

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

-0-

-0-

13. All Loans Received.....

-0-

-0-

14. Loan Repayments Received.....

-0-

-0-

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

-0-

-0-

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

-0-

-0-

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

-0-

-0-

18. Transfers from Non-Federal and Levin Funds

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

-0-

-0-

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

-0-

-0-

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

-0-

-0-

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

-0-

-0-

842.00

842.00

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

-0-

-0-

842.00

842.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

25039121914

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	-0-	-0-
(ii) Non-Federal Share.....	-0-	-0-
(b) Other Federal Operating Expenditures	-0-	-0-
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-0-	-0-
22. Transfers to Affiliated/Other Party Committees.....	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500 ⁰⁰	2500 ⁰⁰
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	-0-	-0-
26. Loan Repayments Made.....	-0-	-0-
27. Loans Made.....	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs).....	-0-	-0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-0-	-0-
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	-0-	-0-
(ii) "Levin" Share.....	-0-	-0-
(b) Federal Election Activity Paid Entirely With Federal Funds	-0-	-0-
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	-0-	-0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2500 ⁰⁰	2500 ⁰⁰
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500 ⁰⁰	2500 ⁰⁰

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	842.00	842.00
34. Total Contribution Refunds (from Line 28(d))	-0-	-0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	842.00	842.00
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)	-0-	-0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0-	-0-

26039121915

**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	OF
	<input type="checkbox"/> 11a 19	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)

A.

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

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).....▶

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

2609121918

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

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NAME OF COMMITTEE (In Full)
National Association of Farm Service Agency County Office Employees Inc PAC

A. **13th Colony Leadership PAC**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 914**

City: **Savannah, GA** State: **GA** Zip Code: **31402**

Purpose of Disbursement: **Political Contribution**

Candidate Name: **JACK KINGSTON**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **GA** District: **1st**

Date of Disbursement: **06 / 29 / 2006**

Amount of Each Disbursement this Period: **\$2500.00**

B.

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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

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

25039121917

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE _____ OF _____
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) _____

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

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

26039121918

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSOC. of Farm Service Agency County Office Employees, Inc PAC

A. **Sarah H. Strong**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **563 Parkway Ave.**
 City: **Rolling Fork** State: **MS** Zip Code: **39159**
 Date of Receipt: **06/04/2006**
 Amount of Each Receipt this Period: **25.00**
 Name of Employer: **USDA** Occupation: **County Office Employee**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **25.00**
 FEC ID number of contributing federal political committee: **C**

B. **Brumfield, Larry**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **128 Elizabeth Circle**
 City: **Petal** State: **MS** Zip Code: **39465**
 Date of Receipt: **06/07/2006**
 Amount of Each Receipt this Period: **25.00**
 Name of Employer: **USDA** Occupation: **County Office Employee**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **25.00**
 FEC ID number of contributing federal political committee: **C**

C. **Eison Gerald**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4880 Cassia Rd.**
 City: **New Plymouth** State: **ID** Zip Code: **83655**
 Date of Receipt: **05/23/2006**
 Amount of Each Receipt this Period: **170.00**
 Name of Employer: **USDA** Occupation: **County Office Employee**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **170.00**
 FEC ID number of contributing federal political committee: **C**

SUBTOTAL of Receipts This Page (optional) **210.00**
 TOTAL This Period (last page this line number only) **210.00**

26039121919

**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	OF
<input 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)
National Association of Farm Service Agency County Office Employees Inc. PAC

A. Full Name (Last, First, Middle Initial)
PERSON, Cynthia

Mailing Address
4206 S. Hickory Hill Rd.

City
Sioux Falls State
SD Zip Code
57103

FEC ID number of contributing federal political committee.
C

Name of Employer
USDA Occupation
County Office Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
05' 06' 2006

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Shepard, Thomas

Mailing Address
11763 N 600 W-90

City
Permole State
WV Zip Code
46783

FEC ID number of contributing federal political committee.
C

Name of Employer
USDA Occupation
County Office Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
05' 06' 2006

Amount of Each Receipt this Period
120.00

C. Full Name (Last, First, Middle Initial)
BORUM-DAVIS, Mary C.

Mailing Address
604 SW 37th St. Terr.

City
Bone Springs State
MO Zip Code
64015

FEC ID number of contributing federal political committee.
C

Name of Employer
USDA Occupation
County Office Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
05' 06' 2006

Amount of Each Receipt this Period
50.00

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

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

26039121820

**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 OF	
<input 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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Farm Service Agency County Office Employees Inc PAC

A. Full Name (Last, First, Middle Initial)
Reynolds, Richard

Date of Receipt
05 06 2006

Mailing Address
505 Dickens Cir.

Amount of Each Receipt this Period
50.00

City
Forsyth

State
MD

Zip Code
20658

FEC ID number of contributing federal political committee.
C

Name of Employer
USDA

Occupation
County Office Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

B. Full Name (Last, First, Middle Initial)
Shubendek, Sherry

Date of Receipt
05 05 2006

Mailing Address
1711 322nd St.

Amount of Each Receipt this Period
40.00

City
Elmwood

State
NE

Zip Code
68349

FEC ID number of contributing federal political committee.
C

Name of Employer
USDA

Occupation
County Office Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

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

Date of Receipt
05 06 2006

Mailing Address
665 Main St.

Amount of Each Receipt this Period
100.00

City
Carrington

State
ND

Zip Code
58421

FEC ID number of contributing federal political committee.
C

Name of Employer
USDA

Occupation
County Office Employee

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

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

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

26039121921

**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	OF
	<input 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)
National Association of Farm Service Agency County Office Employees

A. Full Name (Last, First, Middle Initial)
Post, Katherine

Mailing Address
1501 Clearview Rd.

City **Union** State **MD** Zip Code **23084**

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

Name of Employer **USDA** Occupation **County Office Employee**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
52.00

Date of Receipt
05 '05 '2006

Amount of Each Receipt this Period
52.00

B. Full Name (Last, First, Middle Initial)
Gendarrusa, Sue L

Mailing Address
217 West F St. PO Box 922

City **Smethport** State **ID** Zip Code **83252**

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

Name of Employer **USDA** Occupation **County Office Employee**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
05 '05 '2004

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Warren, Judith H.

Mailing Address
PO Box 716

City **Mexico** State **MD** Zip Code **21526**

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

Name of Employer **USDA** Occupation **County Office Employee**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt
05 '05 '2006

Amount of Each Receipt this Period
60.00

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

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

26039121922

Line PAC

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.

26039121923

<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 type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Federal Express</i>	Shipping Date <i>7/13/06</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
<i>JAB</i> PREPARER	<i>7/14/06</i> DATE PREPARED