

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2014 JUL 15 AM 11:55

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. ERICK WRIGHT FOR CONGRESS

ADDRESS (number and street) PO BOX 231532 Check if different than previously reported. (ACC) MONTGOMERY AL 361123

2. FEC IDENTIFICATION NUMBER C00552372 CITY STATE ZIP CODE STATE DISTRICT

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) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11/04/2014 in the State of AL

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on 11/04/2014 in the State of AL

5. Covering Period 04/01/2014 through 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 ERICK WRIGHT

Signature of Treasurer [Signature] Date 07/07/2014

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

**SUMMARY PAGE**

Write or Type Committee Name

**ERICK WRIGHT FOR CONGRESS**

Report Covering the Period: From: **04/01/2014** To: **06/30/2014**

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	2,909.63	2,909.63
(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)) .....	2,909.63	2,909.63
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	6,608.49	6,631.56
(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)) .....	6,608.49	6,631.56
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>7,789</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**ERICK WRIGHT FOR CONGRESS**

Report Covering the Period: From: **10-4-01** to **12-01-04**

To: **06-30-2014**

**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).....

7 0 0 0 0

0 0

(ii) Unitemized.....

2 2 0 9 6 3

0 0

(iii) TOTAL of contributions from individuals ▶

2 9 0 9 6 3

0 0

(b) Political Party Committees.....

0 0

0 0

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

0 0

0 0

(d) The Candidate.....

0 0

0 0

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2 9 0 9 6 3

0 0

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....**

0 0

0 0

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0 0

0 0

(b) All Other Loans.....

0 0

0 0

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0 0

0 0

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....**

0 0

0 0

**15. OTHER RECEIPTS (Dividends, Interest, etc.).....**

0 0

0 0

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....**

2 9 0 9 6 3

0 0

**DETAILED SUMMARY PAGE**

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

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

17. OPERATING EXPENDITURES.....	6,608.49	6,631.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.0	0.0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.0	0.0
(b) Of All Other Loans.....	0.0	0.0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.0	0.0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.0	0.0
(b) Political Party Committees.....	0.0	0.0
(c) Other Political Committees (such as PACs).....	0.0	0.0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.0	0.0
21. OTHER DISBURSEMENTS.....	0.0	0.0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6,608.49	6,631.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3,776.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2,909.63
25. SUBTOTAL (add Line 23 and Line 24).....	6,686.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6,608.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	77.89

**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		OF	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**ERICK WRIGHT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>HODGSON, JIM</b>		Date of Receipt
Mailing Address <b>1827 RIDGE AVENUE</b>		M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 1 4
City <b>MONTGOMERY</b>	State <b>AL</b>	
	Zip Code <b>36106</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 5 5 2 3 7 2</b>		Amount of Each Receipt this Period <b>5 0 0 0 0</b>
Name of Employer	Occupation <b>CPA</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2 9 0 9 6 3</b>	

Full Name (Last, First, Middle Initial) <b>FATHER EMANUEL</b>		Date of Receipt
Mailing Address <b>2010 RORDIG DRIVE</b>		M M / D D / Y Y Y Y 0 4 / 1 3 0 / 2 0 1 4
City <b>MONTGOMERY</b>	State <b>AL</b>	
	Zip Code <b>36110</b>	
FEC ID number of contributing federal political committee. <b>C 0 0 5 5 2 3 7 2</b>		Amount of Each Receipt this Period <b>2 0 0 0 0</b>
Name of Employer	Occupation <b>PREACHER</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>2 9 0 9 6 3</b>	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	
	Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		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).....	<b>7 0 0 0 0</b>
TOTAL This Period (last page this line number only).....	

**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 OF

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ERICK WRIGHT FOR CONGRESS

Full Name (Last, First, Middle Initial) VISTAPRINT

95 HAYDEN AVENUE LEXINGTON

Mailing Address  
LEXINGTON

MA 02421

City State Zip Code

FLYERS, BUSINESS CARDS, ETC..

Purpose of Disbursement

ERICK WRIGHT

Candidate Name

0 0 4  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: AL District: 02

Date of Disbursement

0 4 / 2 8 / 2 0 1 4

Amount of Each Disbursement this Period

2,029.4

Full Name (Last, First, Middle Initial) EDWARD FIEDER PHOTOGRAPHY

Mailing Address

MONTGOMERY

AL  
State Zip Code

PHOTOGRAPHY

Purpose of Disbursement

ERICK WRIGHT

Candidate Name

0 0 4  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: AL District: 02

Date of Disbursement

0 4 / 2 8 / 2 0 1 4

Amount of Each Disbursement this Period

2,550.0

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

**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 OF

<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)

ERICK WRIGHT FOR CONGRESS

Full Name (Last, First, Middle Initial) THE ALABAMA DEMOCRATIC PARTY

Date of Disbursement

501 ADAMS AVENUE

04 / 08 / 2014

Mailing Address

MONTGOMERY

AL

36104

City State Zip Code

Amount of Each Disbursement this Period

QUALIFYING FOR DEMOCRATIC PARTY FEE

3,480.00

Purpose of Disbursement

ERICK WRIGHT

005

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: AL District: 02

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

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

3,480.00

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

**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		OF	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21		

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NAME OF COMMITTEE (In Full)  
**ERICK WRIGHT FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>WEBB, STEVEN</b>		Date of Disbursement
<b>2239 MADISON AVENUE</b>		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
Mailing Address	<b>AL 36107</b>	Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement <b>CAMPAIGN MANAGER PAY</b>		<input type="text" value="30000"/>
Candidate Name <b>ERICK WRIGHT</b>		
Office Sought:	Disbursement For:	Category/ Type <input type="text" value="001"/>
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AL</b>	District: <b>02</b>	

Full Name (Last, First, Middle Initial) <b>MYLES, MARK</b>		Date of Disbursement
<b>321 10TH AVENUE</b>		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
Mailing Address	<b>AL 36701</b>	Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement <b>COMMUNITY SERVICE ORGANIZER PAY</b>		<input type="text" value="30000"/>
Candidate Name <b>ERICK WRIGHT</b>		
Office Sought:	Disbursement For:	Category/ Type <input type="text" value="001"/>
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AL</b>	District: <b>02</b>	

Full Name (Last, First, Middle Initial) <b>WEBB, STEVE</b>		Date of Disbursement
<b>2239 MADISON AVENUE</b>		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
Mailing Address	<b>AL 36107</b>	Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement <b>CAMPAIGN MANAGER PAY</b>		<input type="text" value="70000"/>
Candidate Name <b>ERICK WRIGHT</b>		
Office Sought:	Disbursement For:	Category/ Type <input type="text" value="001"/>
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AL</b>	District: <b>02</b>	

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

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



**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 OF

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

ERICK WRIGHT FOR CONGRESS

Full Name (Last, First, Middle Initial) MYLES, MARK

321 10TH AVENUE

Mailing Address

AL 36701

City State Zip Code

COMMUNITY SERVICE ORGANIZER PAY

Purpose of Disbursement

ERICK WRIGHT

Candidate Name

0 0 1  
Category/  
Type

Date of Disbursement

0 5 / 0 1 / 2 1 0 4

Amount of Each Disbursement this Period

3 0 0 0 0

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: AL District: 02

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

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

3 0 0 0 0

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

3 0 0 0 0

**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 OF

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**ERICK WRIGHT FOR CONGRESS**

Full Name (Last, First, Middle Initial) **THE ORDINARY PEOPLE SOCIETY**

**403 WEST POWELL STREET**

Mailing Address

**DOTHAN AL 36303**

City State Zip Code

**CAMPAIGN TEAM ATTEND NETWORKING/FUNDRAISING EVENT**

Purpose of Disbursement

**ERICK WRIGHT**

Candidate Name

**0 0 3**  
Category/  
Type

Date of Disbursement

**0 5 / 0 1 / 2 0 1 4**

Amount of Each Disbursement this Period

**3,000.00**

Office Sought:  House  
 Senate  
 President

State: **AL** District: **02**

Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify)

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

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


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Erick Wright for Congress  
Pc Box 23153d  
Montgomery, AL 36123

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  - Sunday/Holiday Delivery Required (additional fee, where available)
  - 10:30 AM Delivery Required (additional fee, where available)
  - \*Refer to USPS.com® or local Post Office™ for availability.

**TO: (PLEASE PRINT)**  
Federal election Commission  
999 E Street  
Washington, DC  
20463  
PHONE: ( )  
SOMERSON MONTGOMERY, AL  
JUL 14 2014  
36116-USPS

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	Insurance Fee	COD Fee	
36116	7/15/14	\$19.99	\$	\$	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee		
7/14/14	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12:00 NOON	\$	\$		
Time Accepted	10:30 AM Delivery Fee	Sunday/Holiday Premium Fee	Total Postage & Fees		
10:32 AM	\$	\$	\$19.99		
Weight	Flat Rate	Acceptance Employee Initials	Employee Signature		
lbs. ozs.			ACC		
<b>DELIVERY (POSTAL SERVICE USE ONLY)</b>					
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature			
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature			

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Federal Election Commission  
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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	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/14/14
<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

*QAD*  
PREPARER  
(8/2013)

7/15/14  
DATE PREPARED