Oct 20, 2016

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Dear Federal Election Commission

Enclosed is the 12 Day Pre-Election Report for the Election on November 08, 2016. No transactions other than the purchase of 100 3 inch Dr. Beebe for President Buttons and 1000 flyers to write in: Dr. Beebe for President including the 12 Visions for America. The buttons cost $121. and the flyers cost $23.. Other expenses were paid for by Dr. Beebe supplying gas for his campaign car. Dr. Beebe used cash from button sales to buy more buttons and flyers. $220. cash approved by me as Treasurer.

Sincerely,

F. Quinn Beebe

F Quinn Beebe Treasurer

Date October 20, 2016

Dr. James Wesley Beebe

DR. JAMES Wesley Beebe

Presidential Candidate.

2016102403011190

usbank.

Transaction History

Silver Business Checking
Accoun

Date Printed: 10/20/16
Printed By: MAABREA

ACCOUNT BALANCE	AVAILABLE BALANCE
$125.54	$125.54

Post Date Trans Time	Trace ID/Ref Num	Description	Check #	Debit	Credit	Account Balance	Available Balance	Unavailable Funds
10-18-16 12:02:00 AM	22048358760071	CUSTOMER DEPOSIT		$0.00	$115.00	$125.54	$125.54	
10-17-16 10:04:00 PM	116101700000000	ANALYSIS SERVICE CHARGE - DEBIT		$3.00	$0.00	$10.54	$10.54	
10-13-16 12:00:00 AM	20198956013970	CUSTOMER CHECK	1025	$121.08	$0.00	$13.54	$13.54	
10-03-16 12:00:00 AM	10638053638931	CUSTOMER CHECK	1024	$113.39	$0.00	$134.62	$134.62	
10-03-16 12:04:00 AM	27978151533533	CUSTOMER DEPOSIT		$0.00	$110.00	$248.01	$248.01	
10-03-16 12:04:00 AM	27588151180571	CUSTOMER DEPOSIT		$0.00	$140.00	$138.01	$138.01	
09-15-16 09:33:00 PM	116091500000000	ANALYSIS SERVICE CHARGE - DEBIT		$3.00	$0.00	($1.99)	($1.99)	
09-07-16 12:23:00 AM	19618657961206	CUSTOMER DEPOSIT		$0.00	$30.00	$1.01	$1.01	
08-12-16 09:39:00 PM	116081200000000	ANALYSIS SERVICE CHARGE - DEBIT		$43.00	$0.00	($28.99)	($28.99)	

2016-10-24-03-00111931

All transactions over 200.00 approved by Treasurer P. Quinn Beebe
F. Quinn Beebe
10/20/2016

Check for 123.00 for flyers get to clear

This is informational only. It does not constitute your official statement.

U.S. Bank
Customer Confidential

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED
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2016 OCT 24 AM 10:45
Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines. 12FE4M5

DR BEEBE FOR PRESIDENT

ADDRESS (number and street) 9909 CHEYENNE CIRCLE

☐ Check if different than previously reported. (ACC)

VENTURA (CITY) CA (STATE) 93004- (ZIP CODE)

2. **FEC IDENTIFICATION NUMBER** ▶ C00587402

3. **TYPE OF REPORT** *(Choose One)*

Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3)
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE)

Monthly Reports:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10)) ☐ Jan 31 (YE)

☒ 12-Day Pre-Election Report for the Election on 11 / 08 / 2016 in the State of CA

☐ 30-Day Post-Election Report for the General Election on ___ / ___ / ___

4. **IS THIS REPORT AN AMENDMENT?** ☐ yes ☒ no

5. **COVERING PERIOD** 10 / 01 / 2016 **THROUGH** 10 / 19 / 2016

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 F Quinn Beebe

Signature of Treasurer F. Quinn Beebe Date 10 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only							

2016-10-24-03-00111932

Write or Type Committee Name

Dr. Beebe for President

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD 0.0
7. TOTAL RECEIPTS THIS PERIOD
(From Line 22, Column A, Page 3) .....
8. SUBTOTAL
(Lines 6 and 7) .....
9. TOTAL DISBURSEMENTS THIS PERIOD
(From Line 30, Column A, Page 4) .....
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD
(Subtract Line 9 from 8) .....
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P) .....
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P) .....
13. EXPENDITURES SUBJECT TO LIMIITATION
(Use the worksheet on Page 8 to calculate this amount.) .....

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)
(Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3) 0.0
15. NET OPERATING EXPENDITURES
(Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4) 0.0

2016102403011193

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3P** (Rev. 05/2016)

NAME OF COMMITEE (in Full)
DR BEEBE FOR PRESIDENT

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized		
(ii) unitemized		
(iii) Total contributions		
(b) Political Party Committees		
(c) Other Political Committees		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate		
(b) Other Loans from Rae Beebe mother	00	1,000.00
(c) TOTAL LOANS (Add 19(a) and 19(b)		
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating		
(b) Fundraising		
(c) Legal and Accounting		
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		
21. OTHER RECEIPTS (Dividends, Interest, etc.)		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		1,000.00

2016-10-24-03-00111934

DETAILED SUMMARY PAGE

FEC **Form 3P** (Rev. 05/2016) of Disbursements and Contributed Items

NAME OF COMMITEE (in Full)

DR. BEEBE FOR PRESIDENT

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
23. OPERATING EXPENDITURES		
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
25. FUNDRAISING DISBURSEMENTS		
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate		
(b) Other Repayments		
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees		
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
29. OTHER DISBURSEMENTS		
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		

III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		

201610240300111035

FEC **Form 3P** (Rev. 05/2016)
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print) **2. FEC IDENTIFICATION NUMBER** C00587402

DR BEEBE FOR PRESIDENT

ADDRESS (number and street) 9909 CHEYENNE CIRCLE

VENTURA (CITY) CA (STATE) 93004- (ZIP CODE)

3. NAME OF CANDIDATE DR JAMES WESLEY BEEBE

ALLOCATION BY STATE

STATE	*ALLOCATION This Period*	*TOTAL ALLOCATION To Date*
Alabama		00
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

2016-10-24-03-00111936

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

2016-10-24-03-00111937

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		00

2016-10-24-03-00111938

EXPENDITURES SUBJECT TO LIMITATION

FEC **Form 3P** (Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

NAME OF COMMITEE (in Full)

DR BEEBE FOR PRESIDENT

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

A.	OPERATING EXPENDITURES (Line 23, Column B)	
B.	OPERATING OFFSETS (Line 20a, Column B)	
C.	**NET OPERATING EXPENDITURES (for the election cycle)** (Subtract Line B from A)	
D.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)	
E.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)	
F.	**NET FUNDRAISING DISBURSEMENTS (for the election cycle)** (Subtract Line E from D)	
G.	20% EXEMPTION (20% of Overall Expenditure Limit)	
H.	**TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT** (Subtract Line G from F)	00
I.	**TOTAL EXPENDITURES SUBJECT TO LIMITATION** (Add Lines C and H)	00

2016-10-24-03-00111939

SCHEDULE A-P
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☐ 21

PAGE OF

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)
DR. BEEBE FOR PRESIDENT

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) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional) ▶ .00

Total This Period (last page this line number only) ▶ .00

201610240300111940

SCHEDULE B–P
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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)
Dr. Beebe for President

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

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

FEC Identification Number C

Amount of Each Disbursement this Period

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City | State | Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

Date of Disbursement M M / D D / 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

Candidate Name

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

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

FEC Identification Number C

Amount of Each Disbursement this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional) ▶ 0.00

Total This Period (last page this line number only)) ▶ 0.00

2016102403011941

SCHEDULE C-P
LOANS

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

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 19a ☐ 19b

NAME OF COMMITTEE (In Full)
DR. BEEBE FOR PRESIDENT

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

Election:
☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City | State | Zip Code

☐ Personal Funds of the Candidate

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

Interest Rate (if none, enter 0) % (apr)

Secured: ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional) ▶

Total This Period (last page this line number only) ▶

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

201610240300119422

Schedule C-P-1
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page___ of Schedule C-P

NAME OF COMMITTEE (in full, type or print) FEC IDENTIFICATION NUMBER C00587402

DR BEEBE FOR PRESIDENT

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY STATE ZIP CODE

AMOUNT OF LOAN .00 INTEREST RATE (APR) %

DATE INCURRED OR ESTABLISHED M M / D D / Y Y Y Y DATE DUE M M / D D / Y Y Y Y

A. Has loan been restructured? ☐ No ☐ Yes If yes, date orignially incurred: M M / D D / Y Y Y Y

B. If line of credit: Amount of this draw Total outstanding balance

C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C-P.)

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☒ No ☐ Yes

If yes, specify:

What is the value of this collateral: Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? ☐ No ☐ Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: M M / D D / Y Y Y Y

Location of account:

CITY STATE ZIP CODE

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account: M M / D D / Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____ Date M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

No institutional loans

Title

Signature of Treasurer

Date 10 / 20 / 2016

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
Dr. Beebe For President

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City | State | Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City | State | Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City | State | Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) 00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

201610240300111945

FEC Form 3P-Z

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used by a Principal Campaign Committee)

NAME OF PRINCIPAL CAMPAIGN COMMITTEE	FROM	THROUGH
Dr. Beebe for President	10/01/2016	10/19/2016

	COMMITTEE NAME	(a) Column B Line 16 Federal funds	(b) Column B Line 17(e) Total contributions (other than loans)	(c) Column B Line 18 Transfers from other authorized committees	(d) Column B Line 19 Loans and loan repayments received	(e) Column B Line 20(a) Offsets to operating expenditures
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K	COLUMN TOTAL THIS PAGE					
L	COLUMN TOTAL LAST PAGE ONLY.....					

	(f) Column B Line 20(b) Offsets to fundraising disbursements	(g) Column B Line 20(c) Offsets to exempt legal and accounting disbursements	(h) Column B Line 21 Other receipts	(i) Column B Line 22 Total receipts (Add columns (a) through (h))	(j) Column B Line 23 Operating expenditures	(k) Column B Line 24 Transfers to other authorized committees	(l) Column B Line 25 Fundraising disbursements	(m) Column B Line 26 Exempt legal and accounting disbursements
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								

	(n) Column B Line 27 Loans and loan repayments made	(o) Column B Line 28(d) Total contribution refunds	(p) Column B Line 29 Other disbursements	(q) Column B Line 30 Total disbursements (Add columns (j) through (p))	(r) Line 6 Cash on hand at beginning of the reporting period	(s) Line 10 Cash on hand at close of the reporting period	(t) Line 11 Debts and obligations owed TO the committee	(u) Line 12 Debts and obligations owed BY the committee
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								

2016-10-24-03-00111946

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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INSURANCE INCLUDED*

PICKUP AVAILABLE

* Domestic only

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CUSTOMS DECLARATION
BEL MAY BE REQUIRED.

FROM:
Dr. Bebe
9909 Cheyenne Circle
Ventura, CA. 93004

RETURN RECEIPT
REQUESTED

TO:
Federal Election Commission
12 Day PRE Election Report
Presidential
999 E Street N.W.,
Washington, DC 20463

RECEIVED
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2016 OCT 24 AM 10:44

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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.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked / Date of Receipt
☑ USPS Registered/Certified	Postmarked (R/C) 10/20/16
☐ USPS Priority Mail	Postmarked
☐ USPS Priority Mail Express	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date Next Business Day Delivery ☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	10/24/16 DATE PREPARED

(3/2015)

2016102405011948