

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 FEB -3 AM 10:09

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

SHELL FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 54024

Check if different than previously reported. (ACC)

CINCINNATI

OH

45254-1

2. FEC IDENTIFICATION NUMBER

C00545335

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

CITY

STATE

ZIP CODE

STATE DISTRICT

OH

102

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

MM

DD

YYYY

in the State of

OH

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



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the State of

OH

5. Covering Period

10/01/2013

through

12/31/2013

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

Christi N. Perri

Signature of Treasurer

Handwritten signature

Date

01/31/2014

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

Table with 10 columns for Office Use Only

FEC FORM 3 (Revised 02/2003)

14031172960

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Shel for Congress

Report Covering the Period:

From:

10 ' 01 ' 2013

To:

12 ' 31 ' 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	76000	326040
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	76000	326040
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	106429	301213
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	106429	301213
8. Cash on Hand at Close of Reporting Period (from Line 27)	18780	
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)		

For further information contact:

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

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

14031172961

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Sheil for Congress

Report Covering the Period: From:

10 ' **01** ' **2013**

To:

12 ' **31** ' **2013**

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).....

500.00

1,767.24

(ii) Unitemized.....

260.00

1,105.56

(iii) TOTAL of contributions from individuals ▶

760.00

2,872.80

(b) Political Party Committees.....

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

(d) The Candidate.....

387.60

(e) TOTAL CONTRIBUTIONS

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

760.00

3,260.40

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

13. LOANS:

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

(b) All Other Loans.....

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

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

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

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

760.00

3,260.40

14031172962

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	106429	301213
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. 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 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS	6047	6047
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	112476	307260

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55256
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76000
25. SUBTOTAL (add Line 23 and Line 24).....	131256
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	112476
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18780

14031172963

**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 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

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)

Sheil for Congress

Full Name (Last, First, Middle Initial)

A.

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

.....

B.

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

.....

C.

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 Y Y

Amount of Each Disbursement this Period

.....

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

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

.....

.....

14031172964

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

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d		
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)

Sheil for Congress

A. Full Name (Last, First, Middle Initial)
Brown, Holly

Mailing Address
3683 Bristol Lake Drive

City State Zip Code
Amelia OH 45102

FEC ID number of contributing federal political committee.
C

Name of Employer
Self-employed

Occupation
Paralegal

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
35000

Date of Receipt
MM / DD / YYYY
11 / 18 / 2013

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Olmsted, Peter

Mailing Address
7803 Ingrams Ridge Dr.

City State Zip Code
Cincinnati OH 45244

FEC ID number of contributing federal political committee.
C

Name of Employer
Definity Partners

Occupation
HR Consultant

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
25000

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period
250.00

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
MM / DD / YYYY

Amount of Each Receipt this Period

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

500.00

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

500.00

14031172965

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>Sheil for Congress</i>	FEC IDENTIFICATION NUMBER C
--	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	M M M / D D D / Y Y Y Y Y Y	M M M / D D D / Y Y Y Y Y Y	M M M / D D D / Y Y Y Y Y Y
City State Zip Code	Date Due	M M M / D D D / Y Y Y Y Y Y	M M M / D D D / Y Y Y Y Y Y	M M M / D D D / Y Y Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred M M M / D D D / Y Y 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.)

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, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value? []

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).
 Location of account: _____
 Address: _____
 Date account established: M M M / D D D / Y Y Y Y Y Y
 City, State, Zip: _____

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 the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M M / D D D / Y Y Y Y Y Y
---	-------------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. 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.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. 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 at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M M / D D D / Y Y Y Y Y Y
--	-------	-------------------------------------

14031172966

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE / OF
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)

Shield for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[Empty numeric field]

[Empty numeric field]

[Empty numeric field]

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty MM/DD/YYYY field]

[Empty % (apr) field]

Yes

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:

[Empty numeric field]

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

[Empty numeric field]

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

[Empty numeric field]

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

[Empty numeric field]

SUBTOTALS This Period This Page (optional)..... ▶

[Empty numeric field]

TOTALS This Period (last page in this line only)..... ▶

[Empty numeric field]

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

14031172967

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Shiel for Congress

14031172968

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			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In-Full) <p style="font-size: 1.2em; margin-left: 20px;">Sheil for Congress</p>	Report Covering Period: From: MM / DD / YYYY 10 / 01 / 2013
	To: MM / DD / YYYY 12 / 31 / 2013

Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	760.00	0
B	2872.80	0

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	760.00	0	0	0
B	0	387.60	3260.40	0	0	0
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	760.00	1064.29	0
B	0	0	0	3260.40	3012.13	0
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	0
B	0	0	0	0	0	0
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0	60.47	1124.76	552.56	187.80	0
B	0	60.47	3072.60			0
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	760.00	1064.29			
B	0	3260.40	3012.13			

14031172969

14031172970

mart

FedEx carbon-neutral envelope shipping

Alien top of FedEx Express® shipping label here

Part # 156297-435 H112 12/13

ORIGIN ID:OXDA

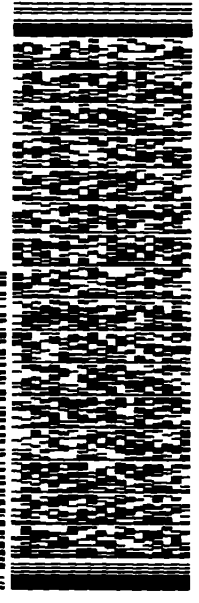
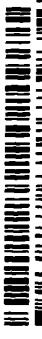
SHIP DATE: 31 JAN 14
ACTWT: 0.1 LB MAN
CMB: 70FFC1424
DIMS: 0x0x0 IN
BILL SENDER

UNITED STATES US

TO FEDERAL ELECTION COMMISSION
FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463
REF: (613) 646-1704
UNIT POST

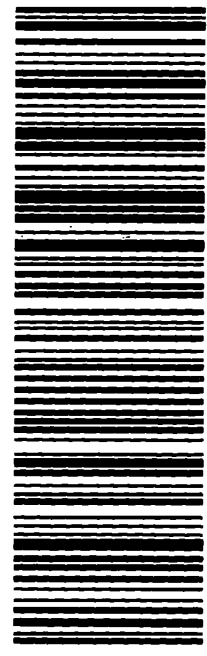
DEPT:



MON - 03 FEB AA
STANDARD OVERNIGHT

TRK# 8047 8650 8614
0200

XC RDVA
20463
DC-US IAD



RECEIVED
2014 FEB -3 AM 10:09
FEC MAIL CENTER

MAILED BY FCC SECURITY

fedex.com 1.800.GoFedEx 1.800.463.3339

4 **Express Package Service** * To most locations. For packages over 150 lbs, see the heavy FedEx Express freight US Adult. Packages up to 150 lbs.

4 **Next Business Day**
 FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight
 Saturday Delivery NOT available.

5 **Package** * Declared value limit \$500.
 FedEx Envelope*
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other

6 **Special Handling and Delivery Signature Options**
 SATURDAY Delivery
 NEXT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
 No Signature Required
 Signature Required
 Signature at recipient's address
 Signature at sender's address
 Indirect Signature
 If one is available at recipient's address, someone at recipient's address may sign for delivery. See applicable restricted deliveries only. See applicable.

7 **Payment Bill to:**
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check
 Obtain recip. Acct. No.
 Enter FedEx Acct. No. or Credit Card No. below.
 Total Packages Total Weight
 Credit Card Auth. [Redacted]

8 **Special Handling and Delivery Signature Options**
 SATURDAY Delivery
 NEXT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
 No Signature Required
 Signature Required
 Signature at recipient's address
 Signature at sender's address
 Indirect Signature
 If one is available at recipient's address, someone at recipient's address may sign for delivery. See applicable restricted deliveries only. See applicable.

9 **Special Handling and Delivery Signature Options**
 SATURDAY Delivery
 NEXT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
 No Signature Required
 Signature Required
 Signature at recipient's address
 Signature at sender's address
 Indirect Signature
 If one is available at recipient's address, someone at recipient's address may sign for delivery. See applicable restricted deliveries only. See applicable.

10 **Special Handling and Delivery Signature Options**
 SATURDAY Delivery
 NEXT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
 No Signature Required
 Signature Required
 Signature at recipient's address
 Signature at sender's address
 Indirect Signature
 If one is available at recipient's address, someone at recipient's address may sign for delivery. See applicable restricted deliveries only. See applicable.

From: [Redacted] Date: 1/31/14
 Senders Name: Christ Bern Phone: 513 345-1704
 Company: Federal Election Commission
 Address: 999 E St. NW
 City: Washington DC ZIP: 20543
 Recipient's Name: [Redacted]
 Phone: [Redacted]
 Address: 810 Conyngham Pl 208
 City: Lancaster PA ZIP: 17570
 State: OH ZIP: 44790
 Your Internal Billing Reference: [Redacted]
 Address: 810 Conyngham Pl 208
 City: Lancaster PA ZIP: 17570
 State: OH ZIP: 44790
 Company: Federal Election Commission
 Address: 999 E St. NW
 City: Washington DC ZIP: 20543
 State: DC ZIP: 20543

Use this line for the HOLD location address or for continuation of your shipping address.
 We cannot deliver to P.O. boxes or P.O. ZIP codes.
 Dep./Floor/Suite/Room
 HOLD Weekday
 REQUIRED, NOT available for
 FedEx First Overnight
 HOLD Saturday
 REQUIRED, Available ONLY for
 FedEx location address
 FedEx Priority Overnight and
 FedEx 2Day to select locations.

11 **Special Handling and Delivery Signature Options**
 SATURDAY Delivery
 NEXT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
 No Signature Required
 Signature Required
 Signature at recipient's address
 Signature at sender's address
 Indirect Signature
 If one is available at recipient's address, someone at recipient's address may sign for delivery. See applicable restricted deliveries only. See applicable.

8047 8650 8614



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.

14031172971

<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 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): FEDEX	Shipping Date 1/31/14
	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
ASD PREPARER	2/3/14 DATE PREPARED

(8/2013)