**FEC FORM 3**

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

SECRETARY OF THE SENATE

14 OCT 20 PM 3:41

Office Use Only

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

FRIENDS OF KAREN TESTERMAN (U.S. Senate, New Hampshire 2014)

ADDRESS (number and street) ▼ Post Office Box 3874

Check if different than previously reported. (ACC)

Concord

CITY ▲ NH STATE ▲ 03302 - ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C 00547828

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

STATE ▼ NH DISTRICT 00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X 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 M in the State of

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

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

Election on M M Y in the State of

5. Covering Period 07 M 01 D 2014 Y through 09 M 30 D 2014 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 Jonathon A. Moseley

Signature of Treasurer [signature] Date 10 15 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.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

**FEC FORM 3** (Revised 02/2003)

FE5AN018

14021054003

FEC **Form 3** (Revised 02/2003)

# SUMMARY PAGE
of Receipts and Disbursements



Write or Type Committee Name

**FRIENDS OF KAREN TESTERMAN (U.S. Senate, New Hampshire 2014)**

Report Covering the Period: From: 07 M 01 D 2014 Y To: 09 M 30 D 2014 Y

| | 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)) ... | $4,425.00 | $23,475.07 |
| (b) Total Contribution Refunds (from Line 20(d)) ... | — | — |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ... | $4,425.00 | $23,475.07 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) .. | $0 | $30,442.23 |
| (b) Total Offsets to Operating Expenditures (from Line 14)... | $0 | $0 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ... | $0 | $30,442.23 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)... | $4,425.00 | |
| 9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D) ... | $0.00 | |
| 10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D) ... | $8827.37 $8827.37 | |

**For further information contact:**

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

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

14021054004

FE5AN018

# DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 12/2003)



Write or Type Committee Name

**FRIENDS OF KAREN TESTERMAN (U.S. Senate, New Hampshire 2014)**

Report Covering the Period: From: 07 01 2014 To: 09 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)... | $425.00 | $13,760.00 |
| (ii) Unitemized..... | $100.00 | $9,137.00 |
| (iii) TOTAL of contributions from individuals .. ▶ | $425.00 | $22,797.00 |
| (b) Political Party Committees... | $0.00 | $0.00 |
| (c) Other Political Committees (such as PACs)... | $0.00 | $668.07 |
| (d) The Candidate..... | $0.00 | $10.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))... | $425.00 | $23,475.07 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .. | $0.00 | $0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate... | $0.00 | $8,000.00 |
| (b) All Other Loans... | $0.00 | $0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))... | $0.00 | $0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)... | $0.00 | $0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | $0.00 | $0.00 |
| 16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ▶ | $0.00 | $31,475.07 |

14021054005

FE5AN018

# DETAILED SUMMARY PAGE
of Disbursements



| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|---|---|
| 17. OPERATING EXPENDITURES... | $0.00 | 3,044,223 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.. | $0.00 | $0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate... | $0.00 | $0.00 |
| (b) Of All Other Loans..... | $0.00 | $0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))... | $0.00 | |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees... | $0.00 | $0.00 |
| (b) Political Party Committees... | $0.00 | $0.00 |
| (c) Other Political Committees (such as PACs)... | $0.00 | $0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))... | $0.00 | $0.00 |
| 21. OTHER DISBURSEMENTS.... | $0.00 | $0.00 |
| 22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | $0.00 | $31,050.07 |

## III. CASH SUMMARY

| | |
|---|---|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD... | $0.00 |
| 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)... | $425.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)... | $425.00 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)... | $0.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)... | $425.00 |

14021054006

**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
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 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)
**FRIENDS OF KAREN TESTERMAN (U.S. Senate, New Hampshire 2014)**

**A.**
Full Name (Last, First, Middle Initial): Jones, Suzanne, E.
Mailing Address: Post Office Box 6010
City: Amherst State: NH Zip Code: 03031
FEC ID number of contributing federal political committee: C
Name of Employer: Retired Occupation: Retired
Receipt For: X Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: $ 250.00
Date of Receipt: 08/20/2014
Amount of Each Receipt this Period: $ 250.00

**B.**
Full Name (Last, First, Middle Initial): Smith, William J.
Mailing Address: 30 Devonshire Road
City: Atkinson State: NH Zip Code: 03811
FEC ID number of contributing federal political committee: C
Name of Employer: Retired Occupation: Retired
Receipt For: X Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: $ 375.00
Date of Receipt: 07/16/2014
Amount of Each Receipt this Period: $ 25.00

**C.**
Full Name (Last, First, Middle Initial): Smith, William J.
Mailing Address: 30 Devonshire Road
City: Atkinson State: NH Zip Code: 03811
FEC ID number of contributing federal political committee: C
Name of Employer: Retired Occupation: Retired
Receipt For: X Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: $ 400.00
Date of Receipt: 08/16/2014
Amount of Each Receipt this Period: $ 25.00

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

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

14021054007

# 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) ☐ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

PAGE OF

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NAME OF COMMITTEE (In Full)
**FRIENDS OF KAREN TESTERMAN (U.S. Senate, New Hampshire 2014)**

**A.**
Full Name (Last, First, Middle Initial): Smith, William J.
Mailing Address: 30 Devonshire Road
City: Atkinson State: NH Zip Code: 03811
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: $ 425.00
Date of Receipt: 09 / 16 / 2014
Amount of Each Receipt this Period: $ 25.00

**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:

**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:

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

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

14021054008

# 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)
☐ 17 ☐ 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)
**FRIENDS OF KAREN TESTERMAN (U.S. Senate, New Hampshire 2014)**

**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
Amount of Each Disbursement this Period $

**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
Amount of Each Disbursement this Period $

**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 D
Amount of Each Disbursement this Period $

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

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

14021054009

## SCHEDULE C (FEC Form 3)
## LOANS

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



FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF KAREN TESTERMAN

Transaction ID : SCH0.4310

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]*
KAREN TESTERMAN

Election: 2014
[X] Primary
[ ] General
[ ] Other (specify)

Mailing Address
PO BOX 3874

City: CONCORD
State: NH
ZIP Code: 03302

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|
| 5000.00 | 0.00 | 5000.00 |

TERMS

| Date Incurred | Date Due | Interest Rate | Secured: |
|---|---|---|---|
| 11 15 2013 | ON DEMAND | 0.00 % (apr) | [ ] Yes [X] 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:

| | |
|---|---|
| **SUBTOTALS** This Period This Page (optional) ▶ | 5000.00 |
| **TOTALS** This Period (last page in this line only) ▶ | 5000.00 |

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

FE3AN018



14021054010

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

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

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
Testerman for Senate

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

Mailing Address 508-A Main Street

City Grafton State NH Zip Code 03240

Nature of Debt (Purpose): Consulting Fees unpaid

Transaction ID : DM001

Outstanding Balance Beginning This Period 0.00

Amount Incurred This Period 5000.00

Payment This Period 0.00

Outstanding Balance at Close of This Period 5000.00

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

Mailing Address 508-A Main Street

City Grafton State NH Zip Code 03240

Nature of Debt (Purpose): Expense Reimbursement travel: mileage

Transaction ID : DM002

Outstanding Balance Beginning This Period 0.00

Amount Incurred This Period 1927.37

Payment This Period 0.00

Outstanding Balance at Close of This Period 1927.37

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

Mailing Address 508-A Main Street

City Grafton State NH Zip Code 03240

Nature of Debt (Purpose): Credit Card purchase of signs

Transaction ID : DM003

Outstanding Balance Beginning This Period 0.00

Amount Incurred This Period 950.00

Payment This Period 0.00

Outstanding Balance at Close of This Period 950.00

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ... ▶ | 7877.37 |
| 2) **TOTALS** This Period (last page this line number only) ... ▶ | |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)... ▶ | |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | |



14021054011

FE5AN018

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

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



FOR LINE NUMBER: (check only one)
- [ ] 9
- [x] 10

NAME OF COMMITTEE (In Full)
Testerman for Senate

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

Mailing Address 508-A Main Street

City: Grafton State: NH Zip Code: 03240

Nature of Debt (Purpose): Credit Card purchase of signs

Transaction ID : DM003

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| 0.00 | 950.00 | 0.00 | 950.00 |

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CAMPAIGN FUNDING DIRECT INC

Mailing Address 1420 SPRING HILL ROAD
STE 490

City: MCLEAN State: VA Zip Code: 22102

Nature of Debt (Purpose): DIRECT MAIL EXPENSE

Transaction ID : SD4

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| 0.00 | 3441.01 | 3441.01 | 0.00 |

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

Mailing Address 1420 SPRING HILL ROAD
STE 490

City: MCLEAN State: VA Zip Code: 22102

Nature of Debt (Purpose): DIRECT MAIL EXPENSE

Transaction ID : SD1

| Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|
| 0.00 | 576.74 | 576.74 | 0.00 |

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ... ▶ | 950.00 |
| 2) **TOTALS** This Period (last page this line number only) ... ▶ | |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ... ▶ | |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | |



14021054012

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

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



FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
Testerman for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PKWY

City DULLES State VA Zip Code 20166

Nature of Debt (Purpose): DIRECT MAIL EXPENSE

Outstanding Balance Beginning This Period 0.00

Transaction ID : SD3

Amount Incurred This Period 4049.55 | Payment This Period 4049.55 | Outstanding Balance at Close of This Period 0.00

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

Mailing Address 1420 SPRING HILL ROAD STE 490

City MCLEAN State VA Zip Code 22102

Nature of Debt (Purpose): LIST RENTAL EXPENSE

Outstanding Balance Beginning This Period 0.00

Transaction ID : SD2

Amount Incurred This Period 2579.39 | Payment This Period 2579.39 | Outstanding Balance at Close of This Period 0.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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) ... ▶ | 0.00 |
| 2) **TOTALS** This Period (last page this line number only) ... ▶ | 8827.37 |
| 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)... ▶ | $8,000.00 ~~14765.82~~ |
| 4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ | $16,827.37 ~~20563.19~~ |



FE5AN018

14021054013

EXTREMELY ... Please R... To Addressee

Schedule package pickup ... home or office at usps.com/pickup

Print postage online - Go to usps.com/post

PLEASE PRESS FIRMLY

PLEA...

UNITED STATES POSTAL SERVICE

1007

U.S. POSTAGE
PAID
WOODBURY.NJ
08096
OCT 18, '14
AMOUNT
$19.99
00022476-09

EXPRESS MAIL
UNITED STATES POSTAL SERVICE

# Flat Rate Mailing Envelope

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**Visit us at usps.com**

EMS

When used internationally affix customs declarations (PS Form 2976, or 2976A).

Place Mail...

EH 770137322 US

EXPRESS MAIL
UNITED STATES POSTAL SERVICE®

**Mailing Label**
Label 11-B, March 2004

**Post Office To Addressee**

**DELIVERY (POSTAL USE ONLY)**

| | | |
|---|---|---|
| Delivery Attempt Mo. 10 Day 20 | Time 8:15 ☒ AM ☐ PM | Employee Signature |
| Delivery Attempt Mo. Day | Time ☐ AM ☐ PM | Employee Signature |
| Delivery Date Mo. Day | Time ☐ AM ☐ PM | Employee Signature |

**ORIGIN (POSTAL SERVICE USE ONLY)**

| | | |
|---|---|---|
| PO ZIP Code 08096 | Day of Delivery ☐ Next ☐ 2nd ☐ 2nd Del. Day | Postage $ 19.99 |
| Date Accepted 10-18-14 Mo. Day Year | Scheduled Date of Delivery Month 10 Day 20 | Return Receipt Fee $ |
| Time Accepted ☐ AM 1258 ☒ PM | Scheduled Time of Delivery ☐ Noon ☒ 3 PM | COD Fee $ / Insurance Fee $ |
| Flat Rate ☐ or Weight lbs. 35 ozs. | Military ☐ 2nd Day ☐ 3rd Day | Total Postage & Fees $ 19.99 |
| | Int'l Alpha Country Code | Acceptance Emp. Initials DDN |

**CUSTOMER USE ONLY**

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or Postal Service Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ NO DELIVERY ☐ Weekend ☐ Holiday ☐ Mailer Signature

FROM: (PLEASE PRINT) PHONE (703) 656-1230
Jonathon Moseley
203 South Maine Avenue #3
Lake Placid, Florida
33852

TO: (PLE... ) PHONE (
Secretary of The Senate
Office of Public Records
Post Office Box 77578
Washington, DC

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)
20013 + 7578

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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EMS

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NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL 10/18/14
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|---|---|---|
| FEDERAL EXPRESS | _____ | ☐ |
| UPS | _____ | ☐ |
| DHL | _____ | ☐ |
| AIRBORNE EXPRESS | _____ | ☐ |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 10/20/14

14021054015

SEN PATCH

1402105540016

SEN PATCH