

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

OFFICE USE ONLY
2004 NOV - 3 PM 12:28
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: if typing, type over the lines. 1258435
KRAVAC

ADDRESS (number and street) 1005 CAMERON ST
ALEXANDRIA VA 22314
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
000372607

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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)

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 07.01.2004 through 09.30.2004

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 KEVIN M. BEATING
Signature of Treasurer [Signature] Date 10.15.2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437d.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GRAD PAC

Report Covering the Period: From: **07 01 2004** To: **09 30 2004**

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, 2 0 0 4		10,359.29
(b) Cash on Hand at Beginning of Reporting Period	3,655.64	
(c) Total Receipts (from Line 13)	7,825.05	17,443.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11,480.69	27,803.12
7. Total Disbursements (from Line 31)	8,716.96	25,039.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,763.73	2,763.73
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)	5,274.53	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2009)

Write or Type Committee Name

GRAD PAC

Report Covering the Period: From: **07 01 2004** To: **07 30 2004**

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 (see Schedule A)	6,803.00	
(ii) Unitemized	1,025.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	7,828.00	17,443.75
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5)	7,828.00	17,443.75
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, interest, etc.)05	.03
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7,828.05	17,443.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7,828.05	17,443.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 9X (REV. 02/2009)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	2,216.96	15,039.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,216.96	15,039.39
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,500.00	10,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §4712(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. 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 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §43120)		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8,716.96	25,039.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8,716.96	25,039.39

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)	7,825.00	17,443.75
34. Total Contribution Refunds (from Line 28(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,825.00	17,443.75
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	2,216.96	15,039.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2,216.96	15,039.39

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

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

FOR LINE NUMBER: PAGE 1 OF 2
(check only one)

<input checked="" 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

Any information copied from such Reports and Statements may not be 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)
GRAD PAC

A. Full Name (Last, First, Middle Initial)
SMITH, JEFFREY H.

Mailing Address
11304 BRIGIT POND LN

City
RESTON, VA State
VA Zip Code
20194

FEC ID number of contributing federal political committee
C

Name of Employer
ARMOUR & PARTER Occupation
ARMOUR

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

Date of Receipt
07 05 2004

Amount of Each Receipt this Period
1,000.00

B. Full Name (Last, First, Middle Initial)
~~WALLER, KRISTEN E.~~ **WALLER, KRISTEN E.**

Mailing Address
753 HOWARDS LOOP

City
Annapolis State
MD Zip Code
21401

FEC ID number of contributing federal political committee
C

Name of Employer
US NAVY Occupation
OFFICER

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

Date of Receipt
05 24 2004

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
DOWD, ANTHONY

Mailing Address
10 OLD TAVERN RD.

City
NEWTON State
CT Zip Code
06470

FEC ID number of contributing federal political committee
C

Name of Employer
CHARTER OAK CAPITAL PARTNERS Occupation
INVESTMENTS MGR

Receipt For:
 Primary General
 Other (specify) _____

Aggregate Year-to-Date

Date of Receipt
09 22 2004

Amount of Each Receipt this Period
2,000.00

SUBTOTAL of Receipts This Page (optional) **3,300.00**

TOTAL This Period (last page this line number only)

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

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

FORM LINE NUMBER: (check only one)		PAGE 2 OF 2	
<input checked="" type="checkbox"/> 11a 10	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 13 17	

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NAME OF COMMITTEE (in Full)

GRAD PAC

Full Name (Last, First, Middle Initial)

A. **HOOPER, RALPH W.**

Mailing Address

489 Devon Park Drive Ste 300-G

City

Wayne

State

PA

Zip Code

19087

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

RETIRED

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.⁰⁰

Date of Receipt

08 24 2004

Amount of Each Receipt this Period

1,500.⁰⁰

Full Name (Last, First, Middle Initial)

B. **WAYNICK, ROGER S.**

Mailing Address

638 Post Oak Circle

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PUBLISHER/BUS. OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.⁰⁰

Date of Receipt

07 02 2004

Amount of Each Receipt this Period

1,000.⁰⁰

Full Name (Last, First, Middle Initial)

C. _____

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 ▼

0.⁰⁰

Date of Receipt

Amount of Each Receipt this Period

0.⁰⁰

SUBTOTAL of Receipts This Page (optional) ▶

3,500.⁰⁰

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

6,800.⁰⁰

**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)					
<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	

PAGE / OF /

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NAME OF COMMITTEE (in Full)
GRAD PAC

A.

Full Name (Last, First, Middle Initial): **W.P. ORG**

Date of Disbursement: **08082007**

Mailing Address: **PO Box 575**

City: **FLOYD** State: **VA** Zip Code: **24091-0575**

Purpose of Disbursement: **CREDIT CARD PROCESSING FEE (5%)** Category Type: **011**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: **177.50**

*TOTAL OF TWO CHARGES: 8/12 (\$2.50); 8/13 (\$2.00)

**TOTAL YTD: \$ 310.50

B.

Full Name (Last, First, Middle Initial): **CITIBANK**

Date of Disbursement: _____

Mailing Address: **PO Box 19748**

City: **WASHINGTON** State: **DC** Zip Code: **20036-0748**

Purpose of Disbursement: **BANK FEES** Category Type: **011**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: **39.46**

*TOTAL OF THREE CHARGES: 7/8 (\$3.84); 8/10 (\$2.68); 8/3 (\$2.94)

**TOTAL YTD: 79.28

C.

Full Name (Last, First, Middle Initial): _____

Date of Disbursement: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category Type: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) _____

TOTAL This Period (last page this line number only) **316.90**

LOAN RE-PAYMENT

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 1 OF 1

<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (In Full)
GRADPAC

A. Full Name (Last, First, Middle Initial) **MURRAY, ROBERT**

Mailing Address **40 WATERSIDE PLAZA**

City **NY** State **NY** Zip Code **10010**

Purpose of Disbursement **REPAYMENT OF ADVANCES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement **07 21 2004**

Amount of Each Disbursement This Period **1,000.00**

REPAYMENT OF ADVANCES = BALANCE OF 1,000 SEE SCHEDULE D

B. Full Name (Last, First, Middle Initial) **MURRAY, ROBERT**

Mailing Address **40 WATERSIDE PLAZA**

City **NY** State **NY** Zip Code **10010**

Purpose of Disbursement **REPAYMENT OF ADVANCES**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement **08 18 2004**

Amount of Each Disbursement This Period **1,000.00**

REPAYMENT OF ADVANCES = BALANCE OF 0 - SEE SCHEDULE D

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 (fill page this line number only) ▶ **2,000.00**

**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 1 OF 2
	<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30	

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NAME OF COMMITTEE (in Full)
GRADPAC

A. Full Name (Last, First, Middle Initial) **SANDY LYONS FOR CONGRESS**

Mailing Address **PO BOX**

City **HICKORY** State **NC** Zip Code **28601**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category Type **011**

Candidate Name **SANDY LYONS**

Office Sought: House Senate President **16**

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

State: **NC** District: **16**

Date of Disbursement **07 07 2004**

Amount of Each Disbursement this Period **2,500.00**

PH # **(822) 327-4195**

B. Full Name (Last, First, Middle Initial) **FRIENDS OF DUANE SAND**

Mailing Address **PO BOX 3885**

City **FARGO** State **ND** Zip Code **58108**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category Type **011**

Candidate Name **DUANE SAND**

Office Sought: House Senate President

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

State: **ND** District:

Date of Disbursement **07 17 2004**

Amount of Each Disbursement this Period **1,000.00**

C. Full Name (Last, First, Middle Initial) **GEOFF DANIS FOR CONGRESS**

Mailing Address **PO BOX 17192**

City **FORT MITCHELL** State **KY** Zip Code **41017**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category Type **011**

Candidate Name **GEOFF DANIS**

Office Sought: House Senate President **4**

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

State: **KY** District: **4**

Date of Disbursement **09 09 2004**

Amount of Each Disbursement this Period **1,000.00**

SUBTOTAL of Disbursements This Page (include) **4,500.00**

TOTAL This Period (last page this line number only)

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 2 OF 2
	<input type="checkbox"/> 21a <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 29 <input type="checkbox"/> 30a	

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NAME OF COMMITTEE (in Full)
GRAD PAC

A. Full Name (Last, First, Middle Initial) **ROBERT G. WHITTEL for Congress** Date of Disbursement **09/13/2014**

Mailing Address **PO Box 10035**

City **Bradenville** State **FL** Zip Code **34603-0035**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category/Type **011**

Candidate Name **ROBERT WHITTEL** Amount of Each Disbursement this Period **1,000.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: **FL** District: **5th**

B. Full Name (Last, First, Middle Initial) **Heather Wilson for Congress** Date of Disbursement **09/16/2014**

Mailing Address **6001 San Mateo Blvd NE, STE B1**

City **ALBUQUERQUE** State **NM** Zip Code **87109**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Category/Type **311**

Candidate Name **HEATHER WILSON** Amount of Each Disbursement this Period **1,000.00**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **▼**

State: **NM** District: **1st**

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:

SUBTOTAL of Disbursements This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	6,500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate subchedules for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (in full)

GRAD PAC

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

MURRAY, ROBERT

Nature of Debt (Purpose):

**SEE SCHEDULE B
PART OF
OPERATIONAL
EXPENSES**

Mailing Address

40 WATERSIDE PLAZA

City NY State NY

Zip Code 10010

Outstanding Balance Beginning This Period

2,000.00

Amount Incurred This Period

Payment This Period

2,000.00

Outstanding Balance at Close of This Period

0.00

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

KEATING, KEVIN M.

Nature of Debt (Purpose):

**PART OF
OPERATIONAL
EXPENSES**

Mailing Address

PO BOX 25274

City ALEXANDRIA VA

Zip Code 22314

Outstanding Balance Beginning This Period

576.37

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

576.37

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

TROUTNER, STEPHEN

Nature of Debt (Purpose):

**PART OF OPERATIONAL
EXPENSES**

Mailing Address

18832 96TH AVE N.

City MAPLE GROVE MN

Zip Code 55311-1224

Outstanding Balance Beginning This Period

4698.16

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

4698.16

1) SUBTOTALS This Period This Page (optional)

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

3) TOTAL OUTSTANDING LOANS from Schedules C (last page only)

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

5,274.53

5,274.53

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.

<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™ 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>Fedex</i>	Shipping Date <i>11-2-04</i>
<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>Jes</i> PREPARER	<i>11-3-04</i> DATE PREPARED