

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

PAGE 1/11 RECEIVED FEC MAIL CENTER

2021 AUG -5 AM 9:22

Office Use Only

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

12FE4M5

Committee for American Sovereignty

ADDRESS (number and street)

650 Town Center Drive

Suite 1200

Check if different than previously reported. (ACC)

Costa Mesa

CA

92626

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00614370

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)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- 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)

(c) 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

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

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

Election on

MM/DD/YYYY

in the State of

5. Covering Period

01/01/2021

through

06/30/2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jensen, Pamela, . .

Type or Print Name of Treasurer

Signature of Treasurer

Jensen, Pamela, . .

Handwritten signature: Pamela Jensen

Date

07/27/2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Committee for American Sovereignty

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2021

To:

MM / DD / YYYY  
06 / 30 / 2021

NON-PROFIT ORGANIZATION

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">YYYYYY 2021</span>		<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">17781.47</span>	

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. 05/2016)

Page 3

Write or Type Committee Name

Committee for American Sovereignty

Report Covering the Period: From:

M / M / Y Y Y Y  
01 / 01 / 2021

To:

M / M / Y Y Y Y  
06 / 30 / 2021

**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 (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.00

0.00

NON-FEDERAL ACCOUNT

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0.00	0.00
26. Loan Repayments Made .....	0.00	0.00
27. Loans Made .....	0.00	0.00
28. 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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations) .....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0.00	0.00

NON-FEDERAL DISBURSEMENTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

NON-CONFIRMED

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
Committee for American Sovereignty

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

Economic Development Department

Nature of Debt (Purpose):  
Payroll Withholdings and Employer Payroll Taxes

Mailing Address P. O. Box 989071

City Sacramento	State CA	Zip Code 96798
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

656.96
--------

Transaction ID : SD10.8060

Amount Incurred This Period

0.00
------

Payment This Period

0.00
------

Outstanding Balance at Close of This Period

656.96
--------

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

Economic Development Department

Nature of Debt (Purpose):  
Payroll Withholdings and Employer Payroll Taxes

Mailing Address P. O. Box 989071

City Sacramento	State CA	Zip Code 96798
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

926.92
--------

Transaction ID : SD10.8061

Amount Incurred This Period

0.00
------

Payment This Period

0.00
------

Outstanding Balance at Close of This Period

926.92
--------

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

Economic Development Department

Nature of Debt (Purpose):  
Payroll Withholdings and Employer Payroll Taxes

Mailing Address P. O. Box 989071

City Sacramento	State CA	Zip Code 96798
--------------------	-------------	-------------------

Outstanding Balance Beginning This Period

348.84
--------

Transaction ID : SD10.8062

Amount Incurred This Period

0.00
------

Payment This Period

0.00
------

Outstanding Balance at Close of This Period

348.84
--------

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

1932.72
---------

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) ▶

--

NON-PROFIT ORGANIZATION

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>		Nature of Debt (Purpose): Interest
Mailing Address P. O. Box 989071		
City Sacramento	State CA	Zip Code 96798

Outstanding Balance Beginning This Period 43.24	Transaction ID : SD10.8087	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>		Nature of Debt (Purpose): Penalties and interest on late payroll taxes
Mailing Address P. O. Box 989071		
City Sacramento	State CA	Zip Code 96798

Outstanding Balance Beginning This Period 741.61	Transaction ID : SD10.8121	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 741.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>		Nature of Debt (Purpose): Interest and Penalties on Payroll Taxes
Mailing Address P. O. Box 989071		
City Sacramento	State CA	Zip Code 96798

Outstanding Balance Beginning This Period 223.00	Transaction ID : SD10.8217	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 223.00

1) SUBTOTALS This Period This Page (optional).....▶	1007.85
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)▶	

20140301 10:00:00 AM

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 14
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>		Nature of Debt (Purpose): Interest on taxes due	
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 50.00	Transaction ID : SD10.8221	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>		Nature of Debt (Purpose): Interest on Balance Due	
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 75.60	Transaction ID : SD10.8226	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Economic Development Department</b>		Nature of Debt (Purpose): Interest on payroll taxes due	
Mailing Address P. O. Box 989071			
City Sacramento	State CA	Zip Code 96798	

Outstanding Balance Beginning This Period 20.10	Transaction ID : SD10.8228	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.10

1) SUBTOTALS This Period This Page (optional).....▶	145.70
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)▶	

DUPLICATE TO THE FRENCH







**SCHEDULE D (FEC Form 3X)**

**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)  
Committee for American Sovereignty

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Payroll Withholdings and Employer Payroll taxes Dec 2016
Mailing Address <b>Service Center</b>			
City Ogden	State UT	Zip Code 84201	

Outstanding Balance Beginning This Period <b>1427.27</b>	Transaction ID : <b>SD10.8058</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>1427.27</b>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): interest
Mailing Address <b>Service Center</b>			
City Ogden	State UT	Zip Code 84201	

Outstanding Balance Beginning This Period <b>75.78</b>	Transaction ID : <b>SD10.8086</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>75.78</b>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>			Nature of Debt (Purpose): Interest on balance due
Mailing Address <b>Service Center</b>			
City Ogden	State UT	Zip Code 84201	

Outstanding Balance Beginning This Period <b>75.78</b>	Transaction ID : <b>SD10.8120</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>75.78</b>	

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

<b>1578.83</b>

NOT FOR PUBLIC RELEASE

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Interest and Penalties on payroll taxes
Mailing Address <b>Service Center</b>		
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>

Outstanding Balance Beginning This Period <b>2864.00</b>	Transaction ID : <b>SD10.8216</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>2864.00</b>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Interest on taxes due
Mailing Address <b>Service Center</b>		
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>

Outstanding Balance Beginning This Period <b>75.78</b>	Transaction ID : <b>SD10.8220</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>75.78</b>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Interest on balance due
Mailing Address <b>Service Center</b>		
City <b>Ogden</b>	State <b>UT</b>	Zip Code <b>84201</b>

Outstanding Balance Beginning This Period <b>105.35</b>	Transaction ID : <b>SD10.8225</b>
Amount Incurred This Period <b>0.00</b>	Payment This Period <b>0.00</b>
Outstanding Balance at Close of This Period <b>105.35</b>	

1) SUBTOTALS This Period This Page (optional).....▶	<b>3045.13</b>
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)▶	

NON-PROFIT ORGANIZATION

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Committee for American Sovereignty**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Interest on payroll taxes due
Mailing Address <b>Service Center</b>		
City Ogden	State UT	

Outstanding Balance Beginning This Period <input type="text" value="50.25"/>	Transaction ID : <b>SD10.8229</b>
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input type="text" value="50.25"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): interest on past due payroll
Mailing Address <b>Service Center</b>		
City Ogden	State UT	

Outstanding Balance Beginning This Period <input type="text" value="50.23"/>	Transaction ID : <b>SD10.8231</b>
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input type="text" value="50.23"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Internal Revenue Service</b>		Nature of Debt (Purpose): Interest on Payroll taxes Due
Mailing Address <b>Service Center</b>		
City Ogden	State UT	

Outstanding Balance Beginning This Period <input type="text" value="50.25"/>	Transaction ID : <b>SD10.8235</b>
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input type="text" value="50.25"/>	

1145480010000802021

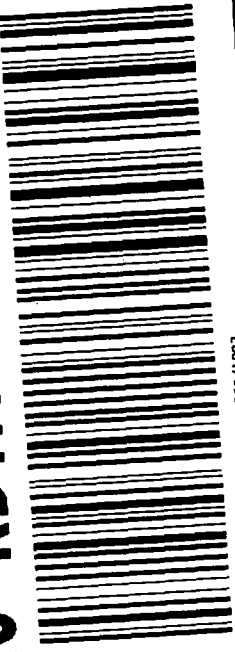
1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="150.73"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>



UNITED STATES POSTAL SERVICE  
 OFFICE MAIL CENTER  
 20210455 -5 AM 9:22  
 0215 8145 8510 2010

20463  
 DC-US  
 IAD

**XC RDVA**



541023 28Jul2021 APVA 560GZ 0265/1823

**FedEx** Package Express  
 US Airbill

FedEx Tracking Number  
 8145 8576 2010

1 From  
 Date 7/28/21

Sender's Name PATRICIA JENNISON Phone 714 668-2440  
 Company MUSICMEDIAS & GARRETT  
 Address 450 TOWER CENTER DR STE 1200  
 City COSTA MESA State CA ZIP 92626-7166

2 Your Internal Billing Reference 14380.5000 JAN 2021  
 3 To Recipient's Name  
 Company FLORIANE JENNISON  
 Address 1050 FIRST ST NW  
 City WASH DC State DC ZIP 20002



8145 8576 2010

Recipient's Copy

4 Express Package Service \* To most locations.  
 Packages up to 150 lbs.  
 For packages over 150 lbs, see the  
 FedEx Express Freight US Airtail.

Next Business Day  
 FedEx First Overnight  
 FedEx Priority Overnight  
 FedEx Standard Overnight  
 FedEx 2Day AM  
 FedEx 2Day

5 Packaging \* Required unless limit 500.  
 FedEx Envelope  
 FedEx Pak  
 FedEx Box  
 FedEx Tube  
 Other

6 Special Handling and Delivery Signature Options  
 Saturday Delivery  
 No Signature Required  
 Direct Signature  
 Indirect Signature  
 Signature Required  
 Signature Required - Signature of recipient not required  
 Signature Required - Signature of shipper not required  
 Signature Required - Signature of shipper and recipient not required  
 Signature Required - Signature of shipper, recipient and sender not required

7 Payment Bill to:  
 Sender  
 Recipient  
 Third Party  
 Cash/Check  
 Credit Card  
 Other

Total Packages Total Weight  
 Obtain recip. Acct. No.   
 Credit Card Acct.

fedex.com 1800.GoFedEx 1800.463.3339

Align bottom of peel-and-stick airbill or pouch t

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	Date of Receipt
<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): <i>FedEx</i>	Shipping Date <i>7/28/21</i>
	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

*DL*  
 PREPARER  
 (3/2015)

*8/6/21*  
 DATE PREPARED

NON-PROFIT ORGANIZATION