



Official Filing Authority of Harris County  
Beth Stevens  
Interim Elections Administrator

### Campaign Finance Report



*B. Stevens*

Interim Elections Administrator  
Harris County, TX

**FileNo:** 2022495  
**Received By Clerk:** 07/18/2022  
**File Date:** July 15, 2022  
**Office:** Specific-Purpose Committee  
**Candidate:** Friends of Chris Daniel  
**Treasurer:** Edwards, Bobby  
**Category:** Specific-Purpose Committee CFR (SPAC)  
**Delivered By:** U.S. Mail  
**Type:** COR

Harris County No Fee

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

9

3 COMMITTEE NAME

Friends of Chris Daniel

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

P.O. BOX 41622, Houston, TX, 77241

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
Bobby "Mikki" Edwards  
NICKNAME LAST SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

10201 Buffalo Speedway #5115  
Houston, TX, 77054

7 CAMPAIGN TREASURER MAILING ADDRESS

STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

P.O. BOX 41622, Houston, TX, 77241

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

( 832 ) 308-0536

9 REPORT TYPE

January 15  
 July 15

30th day before election  
 8th day before election  
 Runoff

Exceeded Modified Reporting Limit  
 Dissolution Report (Attached PAC-FR)  
 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year  
01 / 01 / 2022

THROUGH

Month Day Year  
06 / 30 / 2022

11 ELECTION

ELECTION DATE  
Month Day Year  
11 / 8 / 2022

ELECTION TYPE

Primary  Runoff  Other  
 General  Special Description \_\_\_\_\_

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC  
COVER SHEET PG 2

**12** COMMITTEE NAME  
Friends of Chris Daniel

**13** Filer ID (Ethics Commission Filers)

**14** COMMITTEE PURPOSE  
(Attach lists on plain paper to complete this report if necessary.)

CANDIDATE  
 OFFICEHOLDER  
 MEASURE

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME  
Chris Daniel

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  
Harris County District Clerk

BALLOT IDENTIFICATION / # \_\_\_\_\_ ELECTION DATE  
Month Day Year

DESCRIPTION

<b>15</b> CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,619.49
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,144.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

**16** SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Bobbie B. Edwards*  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_  
OR

**(2) Unsworn Declaration**

My name is BOBBIE B. EDWARDS, and my date of birth is 10-14-1948  
My address is 10201 BUFFALO SPEEDWAY #5115, HOUSTON, TX 77054  
(street) (city) (state) (zip code)(country)  
Executed in HARRIS County, State of TEXAS, on the 14 day of JULY, 2022.  
(month) (year)

*Bobbie B. Edwards*  
Signature of Campaign Treasurer (Declarant)

# SUBTOTALS - SPAC

## FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Friends of Chris Daniel		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,100.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9,619.49
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 2
2 FILER NAME Friends of Chris Daniel		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Rothbauer	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code 15922 Stornoway Dr Spring TX 77397	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 2/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilda Sibrian	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 1306 Sue Barnett Drive Houston TX 77018	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Law Office of Hilda Sibrian
Date 2/7/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ena Sibrian	Amount of contribution (\$) 1,500.00
	Contributor address; City; State; Zip Code 1306 Sue Barnett Drive Houston TX 77018	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 2/8/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston Police Officer's Union Pac	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 1600 State Street Houston TX 77007-7730	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 2
2 FILER NAME Friends of Chris Daniel		3 Filer ID (Ethics Commission Filers)
4 Date 2/15/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Quinn	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 305 Fargo Street Houston TX 77006		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 4/19/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul Coselli	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 5311 Huisache Street Bellaire TX 77401		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 6/30/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vidal Martinez	Amount of contribution (\$) 2,500.00
Contributor address; City; State; Zip Code 919 Milam St. Suite 525 Houston TX 77002		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Martinez Partners LLP
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 2	
2 FILER NAME Friends of Chris Daniel		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/3/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annie Beck	8 Amount of Contribution \$ 2,300.00	9 In-kind contribution description Event cost at Tonys (restaurant)
7 Contributor address; City; State; Zip Code 1902 Lakebend Drive Sugar Land TX 77478		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 1/10/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Aitken	Amount of Contribution \$ 6,500.00	In-kind contribution description Graphics Design & Marketing consulting
Contributor address; City; State; Zip Code 25839 Overlake Dr. Spring TX 77380		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		Employer (FOR NON-JUDICIAL) (See Instructions) Triton Consulting Group	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2	
2 FILER NAME Friends of Chris Daniel		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  6/17/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debbie Beck	8 Amount of Contribution \$  2,300.00	9 In-kind contribution description Event costs at Tony's (restaurant)
7 Contributor address; City; State; Zip Code 1902 Lakebend Drive Sugar Land TX 77478		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) retired		11 Employer (FOR NON-JUDICIAL)(See Instructions) retired	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 (1 of 2)	<b>2</b> FILER NAME Friends of Chris Daniel	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/18/2022	<b>5</b> Payee name Triton Consulting Group	
<b>6</b> Amount (\$) 750.00	<b>7</b> Payee address; 3 Grogans Park Dr Suite 205	City; State; Zip Code Spring TX 77380
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Website Re-design
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Chris Daniel	Office sought Office held District Clerk N/A
Date 2/9/2022	Payee name Chris Daniel	
Amount (\$) 4,792.94	Payee address; 8134 Caroline Ridge Dr	City; State; Zip Code Humble TX 77396
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Reimbursement	Description Reimbursement of campaign expenses made from personal funds
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Chris Daniel	Office sought Office held District Clerk N/A
Date 2/17/2022	Payee name Sprint 2 Print	
Amount (\$) 1,623.75	Payee address; 8748 Clay Rd #300	City; State; Zip Code Houston TX 77080
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Sign printing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2 (2 of 2)	<b>2</b> FILER NAME Friends of Chris Daniel	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/6/2022	<b>5</b> Payee name Dibrell and Associates	
<b>6</b> Amount (\$) 2,100.00	<b>7</b> Payee address; 4203 Glade Shadow Ct, Katy	City; State; Zip Code TX 77494
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expenses	<b>(b)</b> Description video shoot cost
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/30/2022	Payee name Anedot	
Amount (\$) 352.80	Payee address; 1920 McKinney Ave 7th floor	City; State; Zip Code Dallas TX 75201
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Donation processing fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

PRESS FIRMLY TO SEAL



PRESS FIR



POSTAGE PAID  
 PM 1-Day  
 HUMBLE, TX  
 77338  
 JUL 15, 22  
 AMOUNT  
**\$26.95**  
 R2304W1 20003-27

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PRIORITY MAIL EXPRESS®

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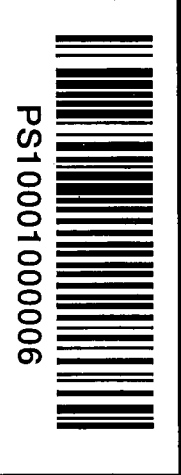
FROM: (PLEASE PRINT) **Ann's Daniel** PHONE (281) 882 8710  
**834 Caroline Edge Dr**  
**Humble, TX 77336**

**FLAT RATE ENVELOPE**  
 ONE RATE ■ ANY WEIGHT

To schedule free Package Pickup, scan the QR code.



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EP13F May 2020  
 OD: 12 1/2 x 9 1/2

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 Delivery Options  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 \*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT) PHONE ( )  
**Harris County Elections Admin**  
**Ann's Public Information**  
**P.O. Box 1148**  
**14014 5th St, TX**  
**77044-5707, TX**  
 ZIP + 4 (U.S. ADDRESSES ONLY)  
**77251-1148**

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 ■ \$100.00 Insurance Included.

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PAYMENT BY ACCOUNT (if applicable)  
 USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code **77338** Scheduled Delivery Date (MM/DD/YY) **7/16/22** Postage **\$26.95**  
 1-Day  2-Day  Military  DPO  
 Date Accepted **7/15/22** Scheduled Delivery Time **6:00 PM** Insurance Fee \$ COD Fee \$  
 Time Accepted **11:20 AM** Return Receipt Fee \$ Live Animal Transportation Fee \$  
 Special Handling/Fragile \$ Sunday/Holiday/Premium Fee \$ Total Postage & Fees **\$26.95**

DELIVERY (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	Employee Signature
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

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LC: 6 MAY 81 TNP 2101

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