

Shipping List Number: 2016-0125-M

Ship List Date 4/1/2016  
Delivery Date 5/6/2016  
P.O. Number 31062  
Program 0562-S

PAGE 1 OF 1

Claims for nonreceipt of publications on this list under item numbers previously selected by a library must be made within 60 calendar days of receipt of this shipment. When filing a claim for missing publications, please return a copy of this list on which they appear and circle the item numbers that are missing.

ITEM NO.	CLASSIFICATION NO.	TITLE
1013-D	Y 4.F 49/20:114-35	THE IMPACT OF THE INTERNATIONAL,... HRG... SERIAL NO. 114-35... COM. ON FINANCIAL SERVICES, U.S. HOUSE OF REPS... 114TH CONGRESS, 1ST SESSION
1015-B	Y 4.ED 8/1:113-58	BIG LABOR ON COLLEGE CAMPUSES:... HRG... SERIAL NO. 113-58... COM. ON EDUCATION AND THE WORKFORCE, U.S. HOUSE OF REPS... 113TH CONGRESS, 2ND SESSION
1016-B	Y 4.G 74/7:114-53	EMAIL PRIVACY ACT... HRG... SERIAL NO. 114-53... COM. ON THE JUDICIARY, U.S. HOUSE OF REPS... 114TH CONGRESS, 1ST SESSION
	Y 4.G 74/7:114-55	THE INTERNET OF CARS... JOINT HRG... SERIAL NO. 114-55... COM. ON OVERSIGHT AND GOVERNMENT REFORM, U.S. HOUSE OF REPS... 114TH CONGRESS, 1ST SESSION
	Y 4.G 74/7:114-57	RADICALIZATION: SOCIAL MEDIA AND THE,... HRG... SERIAL NO. 114-57... COM. ON OVERSIGHT AND GOVERNMENT REFORM, U.S. HOUSE OF REPS... 114TH CONGRESS, 1ST SESSION
1017-B-07	Y 4.F 76/1:114-137	AFTER SAN BERNARDINO: THE FUTURE OF,... HRG... SERIAL NO. 114-137... COM. ON FOREIGN AFFAIRS, U.S. HOUSE OF REPS... 114TH CONGRESS, 2ND SESSION
1018-D	Y 4.H 75:114-28	EXAMINING THE FEDERAL AIR MARSHAL,... HRG... SERIAL NO. 114-28... COM. ON HOMELAND SECURITY, U.S. HOUSE OF REPS... 114TH CONGRESS, 1ST SESSION

Number of Titles: 7

MAIL CLAIMS TO:

Data Management Internationale, Inc  
55 Lukens Drive  
New Castle, DE 19720  
Fax: (302) 656-1169

Signature of Librarian authorized to make claim \_\_\_\_\_ LIB# \_\_\_\_\_

CLEARLY PRINT OR TYPE ADDRESS AND INFORMATION ON MAILING LABEL

U.S. GOVERNMENT PUBLISHING OFFICE  
LIBRARY PROGRAMS SERVICES 9SLDM  
WASHINGTON, DC 20401

Lib # \_\_\_\_\_ SL # \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OFFICIAL BUSINESS