

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation		3. FEC Identification Number C <input type="text"/>
(b) Address (number and street)	<input type="checkbox"/> check if different than previously reported	
(c) City, State and ZIP Code		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD: FROM / / THROUGH / /

5. IS THIS REPORT AN AMENDMENT? No Yes, it amends the report filed on / /

6. (a) DATE OF PUBLIC DISTRIBUTION(S) / /

(b) COMMUNICATIONS TITLE _____

7. THE FILER IS: (a) an Individual (b) a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) an Unincorporated Organization (d) Other, specify: _____

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? Yes No

9. CUSTODIAN OF RECORDS

(a) Name _____

(b) Address (number and street) _____

(c) City, State and ZIP Code _____

(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

10. TOTAL DONATIONS THIS STATEMENT

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

12. Person(s) Sharing/Exercising Control

A. (a) Name _____
(b) Address (number and street) _____
(c) City, State and ZIP Code _____
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

B. (a) Name _____
(b) Address (number and street) _____
(c) City, State and ZIP Code _____
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

C. (a) Name _____
(b) Address (number and street) _____
(c) City, State and ZIP Code _____
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

D. (a) Name _____
(b) Address (number and street) _____
(c) City, State and ZIP Code _____
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

E. (a) Name _____
(b) Address (number and street) _____
(c) City, State and ZIP Code _____
(d) Name of Employer or Principal Place of Business _____ (e) Occupation _____

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount input field

B. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount input field

C. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount input field

D. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount input field

E. Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

MM / DD / YYYY

Amount

Amount input field

SUBTOTAL of Donations This Page (optional)

Amount input field

TOTAL This Period (last page this line number only)
 (carry total from last page to Line 10)

Amount input field

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Purpose of Disbursement (Including title(s) of communication(s))

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

Amount input field

Communication Date

MM / DD / YYYY

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) ▶ _____

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) ▶ _____

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) ▶ _____

B. Full Name (Last, First, Middle Initial) of Payee

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Purpose of Disbursement (Including title(s) of communication(s))

Date of Disbursement or Obligation

MM / DD / YYYY

Amount

Amount input field

Communication Date

MM / DD / YYYY

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) ▶ _____

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) ▶ _____

Name of Federal Candidate Office Sought: House State: _____ Disbursement/Obligation For:
 Senate District: _____ Primary General
 President Other (specify) ▶ _____

SUBTOTAL of Disbursements/Obligations This Page (optional)..... ▶

Subtotal amount input field

TOTAL This Period (last page this line number only) ▶
 (carry total from last page to Line 11)

Total amount input field