



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463


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COMMISSION
SECRETARIAT

2003 JAN 23 P 4: 39

AGENDA ITEM
For Meeting of: 1-30-03

January 23, 2003

TO: The Commission

THROUGH: James A. Pehrkon, Staff Director
Lawrence Norton, General Counsel 

FROM: The Forms Committee¹

SUBJECT: Draft Agenda Document on New and Revised FEC Forms (BCRA Implementation)

The Forms Committee submits for Commission approval the attached draft reporting forms, designed to implement disclosure provisions of the Bipartisan Campaign Reform Act of 2002 (BCRA). The Committee has placed the form instructions in a separate document, so that the two may be considered in tandem. Both the forms and instructions are arranged in numerical order.

Pending Commission approval, the Forms Committee expects to have the new forms printed and ready for distribution in time for the March 20 monthly reports and April 15 quarterly reports. Similarly, the software formats for FECFile should be available to filers in early March.

Specific revisions to the forms and instructions, by rulemaking, include:

Soft Money

- Modifications to the Detailed Summary Pages of FEC Form 3X
- Revisions to supporting Schedules H1-H4 (the "Allocation Schedules")
- New Draft Schedule H5 (Transfers of Levin Funds Received for Allocated Federal Election Activity)

¹ The Forms Committee consists of Irene Allen (Data); Debbie Chacona (Reports Analysis); Barry Conway (Reports Analysis); Mai Dinh (Office of General Counsel); James Jones (Printing Officer); Kevin Salley (Information); Lisa Stolaruk (Reports Analysis); Pat Sheppard (Audit); Wanda Thomas (Audit); John Vergelli (Office of General Counsel); Dorothy Yeager (Information) and Patricia Young (Public Disclosure). Tony Buckley (OGC); Jeff Chumley (Data); Bob Knop (OGC); Jonny Levin (OGC); Duane Pugh (OGC); Greg Scott (Information) and Rosie Smith (OGC) also participated in planning meetings and discussions regarding the forms.

- New Draft Schedule H6 (Disbursements of Federal and Levin Funds for Allocated Federal Election Activity)
- New Draft Schedules L (Aggregation Page: Levin Funds), L-A (Itemized Receipts of Levin Funds) and L-B (Itemized Disbursements of Levin Funds)
- Conforming and Technical Amendments

Electioneering Communications

- New Draft FEC Form 9, 24-Hour Notice of Disbursements/Obligations For Electioneering Communications, including Schedules 9-A and 9-B

Independent Expenditures

- Draft Revisions to Schedule E of FEC Form 3X, Itemized Independent Expenditures
- Draft Revisions to FEC Form 5, Report of Independent Expenditures Made and Contributions Received, including new supporting Schedules 5-A and 5-E

Millionaires' Amendment

- Revisions to FEC Form 1, Statement of Organization
- Revisions to FEC Form 2, Statement of Candidacy
- Technical revisions to FEC Form 3 and its supporting Schedules A and B
- New Draft FEC Form 3Z-1, Consolidated Report of Gross Receipts for Authorized Committees
- New Draft FEC Form 10, 24-Hour Notice of Expenditure from Candidate's Personal Funds
- New Draft FEC Form 11, 24-Hour Notice of Opposition Personal Funds Amount
- New Draft FEC Form 12, 24-Hour Notice of Suspension of Increased Limits
- Conforming amendments to Schedule F of FEC Form 3X, Itemized Coordinated Party Expenditures Made by Political Party Committees or Designated Agent(s) On Behalf of Candidates for Federal Office

Recommendation

The Forms Committee recommends that the Commission approve the draft FEC reporting forms contained in this document and their corresponding instructions.

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ADDRESS (number and street)

(Check if address
is changed)

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☐

NEW (N)

OR

☐

AMENDED (A)

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

Type or Print Name of Treasurer

Signature of Treasurer

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/02)

There are no changes recommended to the current version of pages 2-4 of FEC Form 1
(Statement of Organization).

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

(b) Address (number and street)

☐ Check if address changed

2. Identification Number

(c) City, State, and ZIP Code

3. Is This
Statement

New
(N)

OR

Amended
(A)

4. Party Affiliation

5. Office Sought

6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A

for the primary election, and

9B

for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

Signature of Candidate

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

USE FEC MAILING LABEL
OR TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ADDRESS (number and street)

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the
State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

through

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

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

5

FEC FORM 3
(Revised 1/03)

FEC Form 3

Report of Receipts and Disbursements by Authorized Committees

There are no changes recommended to the current version of the Summary Page (Page 2) of FEC Form 3 or the Detailed Summary Page (Pages 3-4) of FEC Form 3.

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

11a 11b 11c 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or 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)

Full Name (Last, First, Middle Initial)

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Limits Increased Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 17 ☐ 18 ☐ 19a
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or 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)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

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

State: District:

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

There are no changes recommended to the current versions of Schedule C (Loans) or Schedule D (Debts and Obligations) of FEC Form 3. A technical change will be made to Schedule C-1 to update citations to former 100.7 and 100.8; however, no additional changes are recommended to that Schedule. Additionally, no changes are recommended to the current version of Form 3Z (Consolidated Report).

FEC FORM 3Z-1**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)**

| Name of Candidate | | | Candidate ID Number | | | | | | | | | | | | | | |
|--|---------|--------------|---------------------------------|------------|--|--|---------|---------|--|-------|-------|--|-------|-------|--|-------|-------|
| Name of Principal Campaign Committee | | | Committee ID Number C | | | | | | | | | | | | | | |
| Committee Address | | | | | | | | | | | | | | | | | |
| City | | State | | ZIP | | | | | | | | | | | | | |
| Report Covering Period (check one) through June 30, or through December 31 of the year preceding the year of the general election | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;"></th><th style="width: 30%; text-align: center;">Primary</th><th style="width: 35%; text-align: center;">General</th></tr></thead><tbody><tr><td style="padding: 5px;">1. Gross receipts of authorized committees</td><td style="text-align: center; padding: 5px;">, , -</td><td style="text-align: center; padding: 5px;">, , -</td></tr><tr><td style="padding: 5px;">2. Aggregate amount of contributions from personal funds of the candidate</td><td style="text-align: center; padding: 5px;">, , -</td><td style="text-align: center; padding: 5px;">, , -</td></tr><tr><td style="padding: 5px;">3. Gross receipts minus the candidate's personal contributions</td><td style="text-align: center; padding: 5px;">, , -</td><td style="text-align: center; padding: 5px;">, , -</td></tr></tbody></table> | | | | | | | Primary | General | 1. Gross receipts of authorized committees | , , - | , , - | 2. Aggregate amount of contributions from personal funds of the candidate | , , - | , , - | 3. Gross receipts minus the candidate's personal contributions | , , - | , , - |
| | Primary | General | | | | | | | | | | | | | | | |
| 1. Gross receipts of authorized committees | , , - | , , - | | | | | | | | | | | | | | | |
| 2. Aggregate amount of contributions from personal funds of the candidate | , , - | , , - | | | | | | | | | | | | | | | |
| 3. Gross receipts minus the candidate's personal contributions | , , - | , , - | | | | | | | | | | | | | | | |

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

USE FEC MAILING LABEL
OR TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ADDRESS (number and street)

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

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)
(Non-Election
Year Only)

☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐

Dec 20 (M12)
(Non-Election
Year Only)

☐

Apr 20

☐

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

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

through

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

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

11

FEC FORM 3X
(Rev. 11/2002)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 11/02)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY

To:

MM / DD / YYYY

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

(b) Cash on Hand at
Beginning of Reporting Period

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 31)

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

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)

☐ 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 (Revised 11/02)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

To:

MM / DD / YYYY

MM / DD / YYYY

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)

(ii) Unitemized

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

(b) Political Party Committees

(c) Other Political Committees (such as PACs)

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

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.)

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))

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

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Revised 11/02)

Page 4

| II. Disbursements | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share | | | |
| (ii) Non-Federal Share | | | |
| (b) Other Federal Operating Expenditures | | | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | | | |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | |
| 24. Independent Expenditures (use Schedule E) | | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(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. §431(20)) | | | |
| (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)) .. | | | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) | | | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 11/02)

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) | , | , |
| 34. Total Contribution Refunds (from Line 28(d)) | , | , |
| 35. Net Contributions (other than loans) (subtract Line 33 from Line 32) | , | , |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | , | , |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | , | , |
| 38. Net Operating Expenditures (subtract Line 36 from Line 35) ► | , | , |

There are no changes recommended to the current versions of the following supporting schedules of FEC Form 3X

Schedule A (Itemized Receipts)

Schedule C (Loans)

Schedule D (Debts and Obligations)

A technical change to update citations to former 100.7 and 100.8 has been made to the current version of Schedule C-1 (Loans and Lines of Credit from Lending Institutions). No other changes to that schedule are recommended

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 OF

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or 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)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Category/
 Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

B.

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:

Category/
 Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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:

Category/
 Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **OF**
 FOR LINE 24 OF FORM 3X

| | |
|--|---|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ C |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State Zip Code | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

| | | |
|--|----------------|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State Zip Code | |
| Purpose of Expenditure | Category/Type | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |

- (a) SUBTOTAL of Itemized Independent Expenditures ▶
- (b) SUBTOTAL of Unitemized Independent Expenditures ▶
- (c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Additionally, if the reporting entity is not a political party committee, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with or at the request or suggestion of a political party committee or its agent.

Signature _____

Date MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

Check if
24-hour notice

Has your committee been designated to make
coordinated expenditures by a political party committee?

☐ YES ☐ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Purpose of Expenditure

Category/
Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State: _____

Senate

District: _____

Presidential

Amount

Aggregate General Election
Expenditure for this Candidate ▶

Limit Raised Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Purpose of Expenditure

Category/
Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State: _____

Senate

District: _____

Presidential

Amount

Aggregate General Election
Expenditure for this Candidate ▶

Limit Raised Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

Full Name (Last, First, Middle Initial) of Each Payee

Purpose of Expenditure

Category/
Type

Mailing Address

Date

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

House

State: _____

Senate

District: _____

Presidential

Amount

Aggregate General Election
Expenditure for this Candidate ▶

Limit Raised Due to Opponent's
Spending (2 U.S.C. §441a(i)/441a-1)

SUBTOTAL of Expenditures This Page (optional) ▶

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

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION

State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

Separate Segregated Funds and Non-Connected Committees

Funds Expended

Estimated Direct Candidate Support -- Federal %

Estimated Direct Candidate Support -- Non-Federal %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate
Support -- Federal %

Actual Direct Candidate
Support -- Non-Federal

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
 ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

| | | |
|---|---------------------------|-------------------------------|
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % % | NON-FEDERAL % % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % % | NON-FEDERAL % % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % % | NON-FEDERAL % % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % % | NON-FEDERAL % % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % % | NON-FEDERAL % % |
| ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL % % | NON-FEDERAL % % |

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR
SHARED FEDERAL / NON-FEDERAL ACTIVITY

PAGE OF
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

ii) Generic Voter Drive

iii) Exempt Activities

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Total Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR SHARED FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

PAGE OF
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and Non-Federal Activity This Page

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

NON-FEDERAL SHARE

TOTAL This Period for the Non-Federal Share

SCHEDULE H5 (FEC Form 3X)
TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

PAGE OF
 FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

M M / D D / Y Y Y Y

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration)

TOTAL This Period (Voter ID)

TOTAL This Period (GOTV)

TOTAL This Period (Generic Campaign Activity)

TOTAL This Period (Total Amount of Transfers Received)

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
 (To be used by State, District and Local Party Committees Only)

| | |
|-------------------------|----|
| PAGE | OF |
| FOR LINE 30a OF FORM 3X | |

NAME OF COMMITTEE (In Full)

| | | | | |
|---|-------|----------|--|----------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date | |
| Purpose of Disbursement | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | | |
|---|-------|----------|--|----------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date | |
| Purpose of Disbursement | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | | |
|---|-------|----------|--|----------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name | | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Date | |
| Purpose of Disbursement | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | = TOTAL AMOUNT |

| | | | | |
|--|--|---|-------------|----------------|
| SUBTOTAL of Shared Federal and Levin Activity This Page | | | | |
| FEDERAL SHARE | | + | LEVIN SHARE | = TOTAL AMOUNT |
| TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) | | | | |
| FEDERAL SHARE | | | LEVIN SHARE | TOTAL AMOUNT |
| TOTAL This Period for the Levin Share | | | | |

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

| | |
|--|----------------------------|
| NAME OF COMMITTEE (In Full) | |
| NAME OF ACCOUNT | |
| Coverage Period From: M M / D D / Y Y Y Y | To: M M / D D / Y Y Y Y |

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|--|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | \$ | \$ |
| (b) Unitemized | \$ | \$ |
| (c) Total | \$ | \$ |
| 2. OTHER RECEIPTS | \$ | \$ |
| 3. TOTAL RECEIPTS (Add Lines 1c and 2) | \$ | \$ |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| (a) Voter Registration | \$ | \$ |
| (b) Voter ID | \$ | \$ |
| (c) GOTV | \$ | \$ |
| (d) Generic Campaign | \$ | \$ |
| (e) Total | \$ | \$ |
| 5. OTHER DISBURSEMENTS | \$ | \$ |
| 6. TOTAL DISBURSEMENTS (Add Lines 4e and 5) | \$ | \$ |
| 7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) | \$ | \$ |
| 8. RECEIPTS (from Line 3) | \$ | \$ |
| 9. SUBTOTAL (Add Lines 7 and 8) | \$ | \$ |
| 10. DISBURSEMENTS (From Line 6) | \$ | \$ |
| 11. ENDING CASH ON HAND (Subtract Line 10 From Line 9) | \$ | \$ |

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or 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)

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

M M / D D / Y Y Y Y

Mailing Address

Amount of Each Receipt this Period

City

State

Zip Code

Aggregate Year-to-Date

Name of Employer or Principal Place of Business

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE L-B (FEC Form 3X)

ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

| | | |
|--------------------------------------|-----------------------------|----------------------------|
| FOR LINE NUMBER: (check only one) | PAGE | OF |
| <input type="checkbox"/> 4a | <input type="checkbox"/> 4c | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 4b | <input type="checkbox"/> 4d | |

Any information copied from such Reports and Statements may not be sold or 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)

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

SUBTOTAL of Disbursements This Page (optional) ▶

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

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| | | |
|--|--|---------------------------------------|
| 1. (a) Name of Individual, Organization or Corporation | | 3. FEC Identification Number C |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported | | |
| (c) City, State and ZIP Code | | |
| 2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Individual filers only Name of Employer | | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report ☐ 12-Day Report preceding the election. ▼
Type of Election Date of Election State
☐ January 31 Year-End Report
☐ 30-Day Report following the General Election. ▼
Date of Election State

b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM / / THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES.....

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

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 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or 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 FILER (In Full)

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

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

Date

M M / D D / Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

State: _____

District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▶

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

Date

M M / D D / Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

State: _____

District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▶

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

Date

M M / D D / Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

State: _____

District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One:

☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶

\$ \$.

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

\$ \$.

(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7) ▶

\$ \$.

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

(b) Address (number and street) ☐ check if different than previously reported

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement ☐ New
or
☐ Amended

4. Covering Period

MM / DD / YYYY
through
MM / DD / YYYY

5. (a) Date of Public Distribution(s)

MM / DD / YYYY

(b) Communication Title

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.107?

Yes ☐

No ☐

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

8. 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

9. Total Donations This Statement

MM / DD / YYYY

10. Total Disbursements/Obligations This Statement

MM / DD / YYYY

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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

PAGE OF

11. 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

PAGE OF

SUBTOTAL of Donations This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

| | | | | | |
|---|--|------------------------------------|--|---|--|
| A. Full Name (Last, First, Middle Initial) of Payee | | | | Date of Disbursement or Obligation M M / D D / Y Y Y Y | |
| Mailing Address of Payee | | | | Amount | |
| City | | State | | Zip Code | |
| Name of Employer | | Occupation | | Communication Date M M / D D / Y Y Y Y | |
| Purpose of Disbursement (Including title(s) of communication(s)) | | | | | |
| Name of Federal Candidate | | Office Sought: | | Disbursement/Obligation For: | |
| | | <input type="checkbox"/> House | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Senate | | | |
| | | <input type="checkbox"/> President | | | |
| Name of Federal Candidate | | Office Sought: | | Disbursement/Obligation For: | |
| | | <input type="checkbox"/> House | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Senate | | | |
| | | <input type="checkbox"/> President | | | |
| Name of Federal Candidate | | Office Sought: | | Disbursement/Obligation For: | |
| | | <input type="checkbox"/> House | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Senate | | | |
| | | <input type="checkbox"/> President | | | |
| B. Full Name (Last, First, Middle Initial) of Payee | | | | | |
| Mailing Address of Payee | | | | Date of Disbursement or Obligation M M / D D / Y Y Y Y | |
| City | | State | | Zip Code | |
| Name of Employer | | Occupation | | Amount | |
| Purpose of Disbursement (Including title(s) of communication(s)) | | | | | |
| Name of Federal Candidate | | Office Sought: | | Disbursement/Obligation For: | |
| | | <input type="checkbox"/> House | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Senate | | | |
| | | <input type="checkbox"/> President | | | |
| Name of Federal Candidate | | Office Sought: | | Disbursement/Obligation For: | |
| | | <input type="checkbox"/> House | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Senate | | | |
| | | <input type="checkbox"/> President | | | |
| Name of Federal Candidate | | Office Sought: | | Disbursement/Obligation For: | |
| | | <input type="checkbox"/> House | | <input type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Senate | | | |
| | | <input type="checkbox"/> President | | | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) | | | | | |
| TOTAL This Period (last page this line number only) (carry total from last page to Line 10) | | | | | |

FEC FORM 10

24-HOUR NOTICE OF EXPENDITURE FROM CANDIDATE'S PERSONAL FUNDS (11 CFR 400.21 and 400.22) (Millionaires' Amendment)

| | | | | |
|---|------------------|----------|-------------|------------------------|
| 1. Name of Candidate | 2. Office Sought | 3. State | 4. District | 5. Candidate ID Number |
| 6. Name of Principal Campaign Committee | | | | 7. Committee ID Number |
| 8. Address | | | | |
| 9. City, State and ZIP Code | | | | |

10. Expenditures of Personal Funds

Aggregate Expenditures Previously Reported During the Election Cycle

| DATE | ELECTION | AMOUNT | CHECK IF LOAN |
|-------------------|--|--------|--------------------------|
| A. MM / DD / YYYY | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other | | <input type="checkbox"/> |
| B. MM / DD / YYYY | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other | | <input type="checkbox"/> |
| C. MM / DD / YYYY | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other | | <input type="checkbox"/> |
| D. MM / DD / YYYY | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other | | <input type="checkbox"/> |

11. Total Expenditures This Notice

12. Total Expenditures Election Cycle To Date

TYPE OR PRINT NAME OF COMMITTEE TREASURER

SIGNATURE OF COMMITTEE TREASURER

DATE

For further information contact:
Federal Election Commission, 999 E Str
Toll Free 800-424-9530, Local 202-694-

Washington, DC 20463

FEC FORM 11

24-HOUR NOTICE OF OPPOSITION PERSONAL FUNDS AMOUNT (11 CFR 400.30)
(Millionaires' Amendment)

| | | | |
|--|--|---|-------------|
| 1. Name of Candidate | | 2. Candidate ID Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 3. Office Sought | | 4. State | 5. District |
| 6. Name of Principal Campaign Committee | | 7. Committee ID Number <div style="border: 1px solid black; height: 20px; width: 100%;"><div style="border: 1px solid black; padding: 2px;">C</div></div> | |
| 8. Address | | 9. City, State and Zip Code | |
| <p>The information below is based on the worksheet calculation and receipt of a 24-hour Notice of Expenditure of Personal Funds (FEC Form 10) from the following committee/candidate:</p> | | | |
| 10. Name of Candidate | | | |
| 11. Name of Committee | | 12. Committee ID Number <div style="border: 1px solid black; height: 20px; width: 100%;"><div style="border: 1px solid black; padding: 2px;">C</div></div> | |
| 13. Committee Address | | | |
| 14. City, State and Zip Code | | 15. Date of Receipt of FEC Form 10: <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 30px; height: 20px;"></div><div style="border: 1px solid black; width: 60px; height: 20px;"></div></div> | |
| 16. Opposition Personal Funds Amount (11 CFR 400.10 See worksheet in instructions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> (From Part A, Line # 3 or 9 of worksheet) | | 17. Election <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Primary</div><div><input type="checkbox"/> General</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Other _____</div><div></div></div> | |
| | | 18. Type <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Regular</div><div><input type="checkbox"/> Special</div></div> | |
| <p>I certify that I have examined this notice and to the best of my knowledge and belief, it is true, correct and complete.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%;"><p>_____ PRINT OR TYPE NAME</p><p>_____ SIGNATURE OF CANDIDATE OR TREASURER OF PRINCIPAL CAMPAIGN COMMITTEE</p></div><div style="width: 35%;"><p>_____ DATE</p></div></div> | | | |

FEC FORM 12

24-HOUR NOTICE OF SUSPENSION OF INCREASED LIMITS (11 CFR 400.31) (Millionaires' Amendment)

| | | | |
|---|--|---|-------------|
| 1. Name of Candidate | | 2. Candidate ID Number | |
| 3. Office Sought | | 4. State | 5. District |
| 6. Name of Principal Campaign Committee | | 7. Committee ID Number | |
| 8. Address | | 9. City, State and Zip Code | |
| 10. Election <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other | | 11. Type <input type="checkbox"/> Regular <input type="checkbox"/> Special | |
| 12A. To be filled out by House candidates and their principal campaign committees: On <input type="text"/> / <input type="text"/> / <input type="text"/> , the campaign reached 100% of the opposition personal funds amount of <input type="text"/> as previously disclosed on an FEC Form 11 filed on <input type="text"/> / <input type="text"/> / <input type="text"/> . National and State committees of political parties may no longer make coordinated party expenditures in conjunction with the general election that exceed the limitations set forth in 11 CFR 109.32. | | | |
| 12B. To be filled out by Senate candidates and their authorized committees: On <input type="text"/> / <input type="text"/> / <input type="text"/> , the campaign reached 110% of the opposition personal funds amount of <input type="text"/> as previously disclosed on an FEC Form 11 filed on <input type="text"/> / <input type="text"/> / <input type="text"/> . National and State committees of political parties may no longer make coordinated party expenditures in conjunction with the general election that exceed the limitations set forth in 11 CFR 109.32. | | | |
| I certify that I have examined this notice and to the best of my knowledge and belief, it is true, correct and complete. | | | |
| _____ TYPE OR PRINT NAME OF CANDIDATE OR TREASURER OF PRINCIPAL CAMPAIGN COMMITTEE | | | |
| _____ SIGNATURE OF CANDIDATE OR TREASURER OF PRINCIPAL CAMPAIGN COMMITTEE | | _____ Date | |

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

FE3AN061