

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/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

____ / ____ / _____

through

____ / ____ / _____

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

____ / ____ / _____

(b) Communication Title

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements 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

10. 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 statement to the penalties of 52 U.S.C. §30109

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

PAGE OF

11. Person(s) Sharing/Exercising Control

A. (a) Name <hr/>
(b) Address (number and street) <hr/>
(c) City, State and ZIP Code <hr/>
(d) Name of Employer or Principal Place of Business <hr/>
(e) Occupation <hr/>
B. (a) Name <hr/>
(b) Address (number and street) <hr/>
(c) City, State and ZIP Code <hr/>
(d) Name of Employer or Principal Place of Business <hr/>
(e) Occupation <hr/>
C. (a) Name <hr/>
(b) Address (number and street) <hr/>
(c) City, State and ZIP Code <hr/>
(d) Name of Employer or Principal Place of Business <hr/>
(e) Occupation <hr/>
D. (a) Name <hr/>
(b) Address (number and street) <hr/>
(c) City, State and ZIP Code <hr/>
(d) Name of Employer or Principal Place of Business <hr/>
(e) Occupation <hr/>
E. (a) Name <hr/>
(b) Address (number and street) <hr/>
(c) City, State and ZIP Code <hr/>
(d) Name of Employer or Principal Place of Business <hr/>
(e) Occupation <hr/>

SCHEDULE 9-A
Donation(s) Received

<p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <div style="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>B. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <div style="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>C. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <div style="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>D. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <div style="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>E. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p>	<p style="text-align: center;">Date of Receipt</p> <div style="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>SUBTOTAL of Donations This Page (optional) ▶</p> <hr/>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

