

**REPORT OF RECEIPTS AND DISBURSEMENTS
FOR A COMMITTEE OR ORGANIZATION
SUPPORTING A NOMINATING CONVENTION
(Summary Page)**

1. (a) Name of Committee (in full)	2. FEC Identification Number
(b) Address (Number and Street)	3. Type of Committee/Organization: <input type="checkbox"/> Convention Committee <input type="checkbox"/> Host Committee <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(specify)</div>
(c) City, State and ZIP Code	

4. TYPE OF REPORT (Check appropriate box(es)):

- (a) POST CONVENTION REPORT
- QUARTERLY REPORT (check one) April 15 July 15 October 15 January 31
- FINAL REPORT
- (b) Is this an Amendment? YES NO

SUMMARY OF RECEIPTS AND DISBURSEMENTS

5. Covering Period FROM: THROUGH:

SECTION A — CASH BALANCE SUMMARY	Column A This Period	Column B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 20____		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (From Line 20)		
(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 25)		
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 or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C or Schedule D)		
SECTION B — SUMMARY OF EXPENDITURES SUBJECT TO LIMITATIONS		
11. Convention Expenditures (From Line 21(c))		
12. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (From Line 17(c))		
(a) Expenditures Subject to Limitation (Subtract Line 12 from Line 11)		
(b) Expenditures from Prior Years Subject to Limitation		
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))		

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

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 Federal Election Commission
Information Toll Free 800/424-9530
Contact: Local 202/694-1100

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FEC FORM 4 (Revised 1/2001)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(Page 2 of FEC Form 4)**

Name of Committee (in Full)	Report Covering the Period: FROM: _____ TO: _____	
RECEIPTS	Column A This Period	Column B Calendar Year-to-Date
13. Federal Funds (Itemize all on Schedule A)		
14. Contributions to Defray Convention Expenses:		
(a) Itemized (Use Schedule A)		
(b) Unitemized		
(c) Subtotal of Contributions to Defray Convention Expenses (Add Lines 14(a) and 14(b))		
15. Transfers from Affiliated Committees		
16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))		
(a) Loans Received		
(b) Loan Repayments Received		
(c) Subtotal of Loans and Loan Repayments Received (Add Lines 14a and 14b)		
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:		
(a) Itemized (Use Schedule A)		
(b) Unitemized		
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures (Add Lines 17(a) and 17(b))		
18. Other Refunds, Rebates, Returns of Deposits:		
(a) Itemized Other Refunds, Rebates, Returns of Deposits		
(b) Unitemized Other Refunds, Rebates, Returns of Deposits		
(c) Subtotal of Other Refunds, Rebates, Returns of Deposits (Add Lines 18(a) and 18(b))		
19. Other Income:		
(a) Itemized (Use Schedule A)		
(b) Unitemized		
(c) Subtotal of Other Income (Add Lines 19(a) and 19(b))		
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c))		
DISBURSEMENTS		
21. Convention Expenditures:		
(a) Itemized (Use Schedule B)		
(b) Unitemized		
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))		
22. Transfers to Affiliated Committees		
23. Loans and Loan Repayments Made:		
(a) Loans Made		
(b) Loan Repayments Made		
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a) and 23(b))		
24. Other Disbursements:		
(a) Itemized (Use Schedule B)		
(b) Unitemized		
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))		
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))		

SCHEDULE A (FEC Form 4)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 13	<input type="checkbox"/> 14a	<input type="checkbox"/> 15	<input type="checkbox"/> 16a	
<input type="checkbox"/> 16b	<input type="checkbox"/> 17a	<input type="checkbox"/> 18a	<input type="checkbox"/> 19a	

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)

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/>	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/>	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C <input type="text"/>		<input type="text"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 4)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE OF

21a 22 23a 23b 24a

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Date of Disbursement M M / D D / Y Y Y Y Y <hr/> Amount of Each Disbursement this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

B. Full Name (Last, First, Middle Initial) <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Date of Disbursement M M / D D / Y Y Y Y Y <hr/> Amount of Each Disbursement this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

C. Full Name (Last, First, Middle Initial) <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Date of Disbursement M M / D D / Y Y Y Y Y <hr/> Amount of Each Disbursement this Period
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type

SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

SCHEDULE C (FEC Form 4)

LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS

Date Incurred M M / D D / Y Y Y Y	Date Due M M / D D / Y Y Y Y	Interest Rate <input type="text"/> % (apr)	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State ZIP Code
	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C-1 (FEC Form 4)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)	
Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y	
City State Zip Code	Date Due	M M / D D / Y Y Y Y	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred	
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: M M / D D / Y Y Y Y		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	
Title			

SCHEDULE D (FEC Form 4)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	