

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))

Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Date of Disbursement or Obligation

/ /

Amount

Communication Date

/ /

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))

Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Date of Disbursement or Obligation

/ /

Amount

Communication Date

/ /

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

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