

**FEC  
FORM 3P**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE  
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

☐

Check if different  
than previously  
reported. (ACC)

CITY

STATE

ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C

3. **TYPE OF REPORT** (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- |  |  |                                      |                                      |                                       |                                       |
|--|--|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> April 15 (Q1) | <input type="checkbox"/> October 15 (Q3)                 | <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) |
| <input type="checkbox"/> July 15 (Q2)  | <input type="checkbox"/> January 31 Year-End Report (YE) | <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) |
|  |  | <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)  |

- |  |   |
|--|---|
| <input type="checkbox"/> 12-Day Pre-Election Report for the Election on<br>M M / D D / Y Y Y Y Y Y in the State of | <input type="checkbox"/> 30-Day Post-Election Report for the General Election on<br>M M / D D / Y Y Y Y Y Y |
|--|---|

4. **IS THIS REPORT AND AMENDMENT?**

☐ yes ☐ no

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 52 U.S.C. §30109.  
All previous versions of this form are obsolete and should no longer be used.

Office  
Use  
Only

Write or Type Committee Name

Report Covering the Period:

From:

To:

The diagram shows three types of DNA sequences, each represented by a square box with a sequence of small squares below it. The first box is labeled 'M M' and has two small squares below it. The second box is labeled 'D D' and has two small squares below it. The third box is labeled 'Y Y Y Y' and has four small squares below it.

## SUMMARY

- |     |   |  |
|-----|---|--|
| 6.  | CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....   |  |
| 7.  | TOTAL RECEIPTS THIS PERIOD<br>(From Line 22, Column A, Page 3) .....                                |  |
| 8.  | SUBTOTAL<br>(Lines 6 and 7) .....   |  |
| 9.  | TOTAL DISBURSEMENTS THIS PERIOD<br>(From Line 30, Column A, Page 4) .....                           |  |
| 10. | CASH ON HAND AT CLOSE OF THE REPORTING PERIOD<br>(Subtract Line 9 from 8).....                      |  |
| 11. | DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE<br>(Itemize All on Schedule C-P or Schedule D-P).....   |  |
| 12. | DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE<br>(Itemize All on Schedule C-P or Schedule D-P).....   |  |
| 13. | EXPENDITURES SUBJECT TO LIMITATION<br>(Use the worksheet on Page 8 to calculate this amount.) ..... |  |

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)  
 (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....

15. NET OPERATING EXPENDITURES  
 (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....

## Page 3

**COLUMN B**  
**Election Cycle-to-Date**

- |     |   |  |  |
|-----|---|--|--|
| 16. | FEDERAL FUNDS (Itemize on Schedule A-P) .....   |  |  |
| 17. | CONTRIBUTIONS (other than loans) FROM:  |  |  |
|     | (a) Individuals/Persons Other Than Political Committees                                 |  |  |
|     | (i) itemized .....  |  |  |
|     | (ii) unitemized .....   |  |  |
|     | (iii) Total contributions .....   |  |  |
|     | (b) Political Party Committees .....  |  |  |
|     | (c) Other Political Committees .....  |  |  |
|     | (d) The Candidate .....   |  |  |
|     | (e) TOTAL CONTRIBUTIONS (other than loans)<br>(Add 17(a), 17(b), 17(c) and 17(d)) ..... |  |  |
| 18. | TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....  |  |  |
| 19. | LOANS RECEIVED:   |  |  |
|     | (a) Loans Received From or Guaranteed by Candidate .....                                |  |  |
|     | (b) Other Loans .....   |  |  |
|     | (c) TOTAL LOANS (Add 19(a) and 19(b)) .....   |  |  |
| 20. | OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):                                       |  |  |
|     | (a) Operating .....   |  |  |
|     | (b) Fundraising .....   |  |  |
|     | (c) Legal and Accounting .....  |  |  |
|     | (d) TOTAL OFFSETS TO EXPENDITURES<br>(Add 20(a), 20(b) and 20(c)) .....                 |  |  |
| 21. | OTHER RECEIPTS (Dividends, Interest, etc.) .....  |  |  |
| 22. | TOTAL RECEIPTS<br>(Add 16, 17(e), 18, 19(c), 20(d) and 21) .....                        |  |  |

NAME OF COMMITTEE (in Full)

Report Covering the Period: From:

To:

## II. DISBURSEMENTS

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Election Cycle-to-Date**

- |  |  |  |
|--|--|--|
| 23. OPERATING EXPENDITURES.....  |  |  |
| 24. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                      |  |  |
| 25. FUNDRAISING DISBURSEMENTS .....  |  |  |
| 26. EXEMPT LEGAL AND<br>ACCOUNTING DISBURSEMENTS.....                      |  |  |
| 27. LOAN REPAYMENTS MADE:  |  |  |
| (a) Repayments of Loans made or Guaranteed<br>by Candidate.....            |  |  |
| (b) Other Repayments .....   |  |  |
| (c) TOTAL LOAN REPAYMENTS MADE<br>(Add 27(a) and 27(b)) .....              |  |  |
| 28. REFUNDS OF CONTRIBUTIONS TO:   |  |  |
| (a) Individuals/Persons Other Than Political<br>Committees.....            |  |  |
| (b) Political Party Committees.....  |  |  |
| (c) Other Political Committees .....                                       |  |  |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(Add 28(a), 28(b) and 28(c)) .....       |  |  |
| 29. OTHER DISBURSEMENTS .....  |  |  |
| 30. TOTAL DISBURSEMENTS<br>(Add 23, 24, 25, 26, 27(c), 28(d) and 29) ..... |  |  |

### III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED  
(Attach List) .....

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

ADDRESS (number and street)

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 6

Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 7

Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

## Page 8

Report Covering the Period:

From:

To:

A. OPERATING EXPENDITURES

(Line 23, Column B).....

## B. OPERATING OFFSETS

(Line 20a, Column B).....

**C. NET OPERATING EXPENDITURES (for the election cycle)**

(Subtract Line B from A).....

#### D. FUNDRAISING DISBURSEMENTS

(Line 25, Column B).....

#### E. OFFSETS TO FUNDRAISING DISBURSEMENTS

(Line 20b, Column B).....

**F. NET FUNDRAISING DISBURSEMENTS (for the election cycle)**

(Subtract Line E from D) .....

A diagram of a rectangular frame structure. It consists of two horizontal members (top and bottom) and ten vertical members. The vertical members are arranged in two rows of five, with five members in each row. A horizontal force, represented by a black arrow pointing to the left, is applied to the top-left corner of the frame.

### G. 20% EXEMPTION

(20% of Overall Expenditure Limit).....

**H. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT**

(Subtract Line G from F).....

A diagram of a rectangular frame structure. It consists of two horizontal members (top and bottom) and ten vertical members. The vertical members are evenly spaced along the horizontal members. A horizontal arrow points to the right at the left end of the bottom horizontal member.

### I. TOTAL EXPENDITURES SUBJECT TO LIMITATION

(Add Lines C and H) .....



# SCHEDULE A-P

## 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"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

### 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

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

☐ Memo Item

### 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

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

☐ Memo Item

### 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

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

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only) .....

**SCHEDULE B-P**  
**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a  
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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 COMMITTEE (In Full)

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

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE C-P**  
**LOANS**

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

PAGE OF

FOR LINE NUMBER: (check only one) ☐ 19a ☐ 19b

NAME OF COMMITTEE (In Full)

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

Zip Code

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

**TERMS**

Date Incurred

M M / D D / Y Y Y Y

Date Due

M M / D D / Y Y Y Y

Interest Rate (if none, enter 0)

% (apr)

Secured:

☐ Yes ☐ No

**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:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**Subtotal Of Receipts This Page** (optional).....▶

**Total This Period** (last page this line number only).....▶

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

LOANS AND LINES OF CREDIT FROM  
LENDING INSTITUTIONS

Supplementary for Information found  
on Page \_\_\_ of Schedule C-P

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

DATE DUE

A. Has loan been restructured?

☐ No ☐ 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?

☐ No ☐ Yes

(Endorsers and guarantors must be reported on Schedule C-P)

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?

☐ No ☐ Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a  
perfected security interest in it?

☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income,  
or future receipts of public financing pledged as collateral for this loan?

☐ No ☐ 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:

Location of account:

CITY

STATE

ZIP CODE

Date debtor authorized the Secretary of the U.S. Treasury to make  
direct deposits of public financing payments to the depository account:


A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

A horizontal number line with 20 tick marks, labeled from 0 to 19. The line is used for plotting data points.

---

# SCHEDULE D-P

## DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

11  
12

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-P (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....