

FEC FORM 13

REPORT OF DONATIONS ACCEPTED

For Inaugural Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

MAILING ADDRESS

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

3a. Type of Filing (check one)

Report (90D)

Report (90D)

Supplement to Report (90S)

Supplement to Report (90S)

3b. (check one)

New

New

Amendment to Report or Supplement filed on:

Amendment to Report or Supplement filed on:

MM / DD / YYYY

4. Covering Period

MM / DD / YYYY through MM / DD / YYYY

Cumulative Total (From Committee's Inception)

5. Total Donations Accepted

MM / DD / YYYY

6. Total Donations Refunded

MM / DD / YYYY

7. Net Donations (subtract Line 6 from Line 5)

MM / DD / YYYY

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 and Title of Officer Designated to Sign this Report

Signature of Designated Officer

Date

MM / DD / YYYY

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

Table with 8 columns and 1 row for Office Use Only

SCHEDULE 13-A
ITEMIZED DONATIONS ACCEPTED

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) or Full Organization Name

A.

Date Donation Received

M M / D D / Y Y Y Y

Mailing Address

Amount of This Donation

City

Donor's Aggregate Donations To Date

State

Zip Code

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

B.

Date Donation Received

M M / D D / Y Y Y Y

Mailing Address

Amount of This Donation

City

Donor's Aggregate Donations To Date

State

Zip Code

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

C.

Date Donation Received

M M / D D / Y Y Y Y

Mailing Address

Amount of This Donation

City

Donor's Aggregate Donations To Date

State

Zip Code

SUBTOTAL of Donations This Page (optional)

TOTAL (optional)

