

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 2 U.S.C. §437g.

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

PAGE OF

11. 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

<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="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </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="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </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="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">M</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">D</div> <div style="border: 1px solid black; padding: 2px;">/</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> <div style="border: 1px solid black; padding: 2px;">Y</div> </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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<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>

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

<p>A. Full Name (Last, First, Middle Initial) of Payee</p> <hr/> <p>Mailing Address of Payee</p> <hr/> <p>City State Zip Code</p> <hr/> <p>Name of Employer Occupation</p> <hr/> <p>Purpose of Disbursement (Including title(s) of communication(s))</p>	<p>Date of Disbursement or Obligation</p> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">M M M</td> <td style="width:33%; text-align: center;">/ D D D /</td> <td style="width:34%; text-align: center;">Y Y Y Y Y Y</td> </tr> </table> </div> <p>Amount</p> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">\$</td> <td style="width:33%; text-align: center;">,</td> <td style="width:34%; text-align: center;">,</td> </tr> </table> </div> <p>Communication Date</p> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">M M M</td> <td style="width:33%; text-align: center;">/ D D D /</td> <td style="width:34%; text-align: center;">Y Y Y Y Y Y</td> </tr> </table> </div>	M M M	/ D D D /	Y Y Y Y Y Y	\$,	,	M M M	/ D D D /	Y Y Y Y Y Y
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M M M	/ D D D /	Y Y Y Y Y Y								
<p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Senate District: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> President</p> <hr/> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Senate District: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> President</p> <hr/> <p>Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Senate District: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> President</p>	<p>Disbursement/Obligation For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▶ _____</p> <hr/> <p>Disbursement/Obligation For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▶ _____</p> <hr/> <p>Disbursement/Obligation For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▶ _____</p>									
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