

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/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. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10?

Yes

No

7. Were the disbursements for the electioneering communication 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. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

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="text-align: center;"> M M / D D / Y Y Y Y </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="text-align: center;"> M M / D D / Y Y Y Y </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="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>D. 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="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>E. 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="text-align: center;"> M M / D D / Y Y Y Y </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<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)

A. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <input type="text"/>
Mailing Address of Payee			Amount <input type="text"/>
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y <input type="text"/>
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) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <input type="text"/>
Mailing Address of Payee			Amount <input type="text"/>
City	State	Zip Code	Communication Date M M / D D / Y Y Y Y Y Y <input type="text"/>
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) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶			<input type="text"/>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)			<input type="text"/>