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 pre	2. FEC Identification Number			
	(c) City, State and ZIP Code	С			
	(d) Name of Employer or Principal Place of Business	cupation			
3.	Is This Statement or 4	I. Covering Period	M M / D D / Y Y Y Y through M M / D D / Y Y Y Y		
5.	(a) Date of Public Distribution(s)	(b) Commu	nication Title		
6. ⁻	The filer is a(n): (a) Individual (b) Unincorporate (d) Corporation, Labor Organization or Qualified Nor (e) Other, specify:	nprofit Corporation makir			
	If the filer is an individual, unincorporated organi were the disbursements made exclusively from o 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		л I I I I I I I у п у у п с п		
	Under penalty of perjury, I certify that this statement is true, TYPE OR PRINT NAME OF PERSON COMPLETING FORM	correct and complete.			
	SIGNATURE	D/	ATE		
	NOTE: Submission of false, erroneous, or incomplete information n	nay subject the person signing	this statement to the penalties of 52 U.S.C. §30109		

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

Person(s) Sharing/Exercising Control						
Α.	(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 Do

	DULE 9-A on(s) Received			PAGE OF
Α.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
В.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
C.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
D.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
E.	Full Name of Donor			Date of Receipt
	Mailing Address of Donor			Amount
	City	State	Zip	
ивто	TAL of Donations This Page (or	otional)		
OTAL	This Period (last page this line (carry total from last page to Li			

SCHEDULE 9-B

Disbursement(s) Made or (Obligation(s)		PAGE OF			
Full Name (Last, First, Middle Initial) of Payee Mailing Address of Payee			Date of Disbursement or Obligation			
City	State	Zip Code	Amount			
Name of Employer	Occupat	ion	Communication Date			
Purpose of Disbursement (Includ						
Name of Federal Candidate	Office Sought:	House State: Senate President	Disbursement/Obligation For: Primary General Other (specify) ►			
Name of Federal Candidate	Office Sought:	House State: Senate District: President	Disbursement/Obligation For: Primary General Other (specify)			
Name of Federal Candidate	Office Sought:	House State: Senate District: President	Disbursement/Obligation For: Primary General Other (specify)			
B. Full Name (Last, First, Middle Ini Mailing Address of Payee	tial) of Payee		Amount			
City	State	Zip Code	Communication Date			
Name of Employer	Occupat	ion	M M / D D / Y Y Y Y			
Purpose of Disbursement (Including title(s) of communication(s))						
Name of Federal Candidate	Office Sought:	House State: Senate President	Disbursement/Obligation For: Primary General Other (specify) ▶			
Name of Federal Candidate	Office Sought:	House State: Senate District: President	Disbursement/Obligation For: Primary General Other (specify) ▶			
Name of Federal Candidate	Office Sought:	House State: Senate District: President	Disbursement/Obligation For: Primary General Other (specify) ▶			
SUBTOTAL of Disbursements/Oblig	ations This Page (option	al)				
TOTAL This Period (last page this (carry total from last page						