## SCHEDULE 9-B Disbursement(s) Made or Obligation(s)

PAGE	OF

A. Full Name (Last, First, Middle Initia	al) of Payee		Date of Disbursement or Obligation	
Mailing Address of Payee			Amount	
City	State	Zip Code		
Name of Employer	Occupation		Communication Date	
Purpose of Disbursement (Includin	g title(s) of communica	ition(s))		
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)	
Name of Federal Candidate	Office Sought:	House State:  Senate District:  President	Disbursement/Obligation For: Primary General Other (specify)	
B. Full Name (Last, First, Middle Initia	al) of Payee		Date of Disbursement or Obligation	
Mailing Address of Payee			Amount	
City	State Zip Code		Communication Date	
Name of Employer	Occupation		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  State: District:	Disbursement/Obligation For: Primary General Other (specify)	
Name of Federal Candidate	Office Sought:	House State: Senate President  State: District:	Disbursement/Obligation For: Primary General Other (specify)	
Name of Federal Candidate	Office Sought:	House State: Senate President  State: District:	Disbursement/Obligation For:  Primary General  Other (specify) ▶	
SUBTOTAL of Disbursements/Obligat  TOTAL This Period (last page this lir (carry total from last page to	ne number only)			