

# SCHEDULE 9-B

## Disbursement(s) Made or Obligation(s)

PAGE OF

<b>A. Full Name (Last, First, Middle Initial) of Payee</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>	
Mailing Address of Payee				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span> </span> </div>	
City State Zip Code					
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: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
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) ►	
Disbursement/Obligation For:				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Disbursement/Obligation For:				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>					
Mailing Address of Payee				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div>	
City State Zip Code					
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: _____	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
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) ►	
Disbursement/Obligation For:				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Disbursement/Obligation For:				<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>					
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)					