

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE OF

A. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) <hr/>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> </div> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">\$</div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				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 <hr/> Mailing Address of Payee <hr/> City State Zip Code <hr/> Name of Employer Occupation <hr/> Purpose of Disbursement (Including title(s) of communication(s)) <hr/>				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> </div> Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">\$</div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">M</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">D</div> <div style="border-bottom: 1px solid black; width: 20px;">/</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> <div style="border-bottom: 1px solid black; width: 20px;">Y</div> </div>	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				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 State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">\$</div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 20px;">\$</div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px;"></div> </div>	