

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation		3. FEC Identification Number <div>C</div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported		
(c) City, State and ZIP Code		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. COVERED PERIOD: FROM

MM / DD / YYYY

 THROUGH

MM / DD / YYYY

5. IS THIS REPORT AN AMENDMENT? ☐ No ☐ Yes, it amends the report filed on

MM / DD / YYYY

6. (a) DATE OF PUBLIC DISTRIBUTION(S)

MM / DD / YYYY

(b) COMMUNICATIONS TITLE _____

7. THE FILER IS: (a) ☐ an Individual (b) ☐ a Corporation or Labor Organization making communications under 11 CFR 114.10
(c) ☐ an Unincorporated Organization (d) ☐ Other, specify: _____

8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT? ☐ Yes ☐ No

9. 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 _____

10. TOTAL DONATIONS THIS STATEMENT

MM / DD / YYYY

11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT

MM / DD / YYYY

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
_____	_____	_____

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.