

**FEC
FORM 3P**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

☐

Check if different
than previously
reported. (ACC)

CITY

STATE

ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C

3. **TYPE OF REPORT** (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- | | | | | | |
|--|--|--------------------------------------|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> April 15 (Q1) | <input type="checkbox"/> October 15 (Q3) | <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) |
| <input type="checkbox"/> July 15 (Q2) | <input type="checkbox"/> January 31 Year-End Report (YE) | <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) |
| | | <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- | | |
|--|---|
| <input type="checkbox"/> 12-Day Pre-Election Report for the Election on
M M / D D / Y Y Y Y Y Y in the State of | <input type="checkbox"/> 30-Day Post-Election Report for the General Election on
M M / D D / Y Y Y Y Y Y |
|--|---|

4. **IS THIS REPORT AN AMENDMENT?**

☐ yes
☐ no

5. **COVERING PERIOD**

THROUGH

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

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.
All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

Write or Type Committee Name

Report Covering the Period:

From:

M M / D D / Y Y Y Y

To:

SUMMARY

- | | | |
|-----|---|--|
| 6. | CASH ON HAND AT BEGINNING OF REPORTING PERIOD | |
| 7. | TOTAL RECEIPTS THIS PERIOD
(From Line 22, Column A, Page 3) | |
| 8. | SUBTOTAL
(Lines 6 and 7) | |
| 9. | TOTAL DISBURSEMENTS THIS PERIOD
(From Line 30, Column A, Page 4) | |
| 10. | CASH ON HAND AT CLOSE OF THE REPORTING PERIOD
(Subtract Line 9 from 8)..... | |
| 11. | DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)..... | |
| 12. | DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE
(Itemize All on Schedule C-P or Schedule D-P)..... | |
| 13. | EXPENDITURES SUBJECT TO LIMITATION
(Use the worksheet on Page 8 to calculate this amount.) | |

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans)
 (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....

15. NET OPERATING EXPENDITURES
 (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....

NAME OF COMMITTEE (in Full)

Report Covering the Period: From:

To:

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P)		
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized		
(ii) unitemized		
(iii) Total contributions		
(b) Political Party Committees		
(c) Other Political Committees		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))		
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate		
(b) Other Loans		
(c) TOTAL LOANS (Add 19(a) and 19(b))		
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating		
(b) Fundraising		
(c) Legal and Accounting		
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))		
21. OTHER RECEIPTS (Dividends, Interest, etc.)		
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)		

NAME OF COMMITTEE (in Full)

II. DISBURSEMENTS

23. OPERATING EXPENDITURES.....		
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
25. FUNDRAISING DISBURSEMENTS		
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....		
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....		
(b) Other Repayments		
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....		
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees		
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))		
29. OTHER DISBURSEMENTS		
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

ADDRESS (number and street)

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California		
Colorado		
Connecticut		
Delaware		
District of Columbia		
Florida		
Georgia		
Hawaii		
Idaho		
Illinois		

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Page 6

Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

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Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		