

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

(b) Address (number and street) ☐ check if different than previously reported

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C

### 3. Is This Statement

☐

New

or

☐

Amended

### 4. Covering Period

M M M

D D D

Y Y Y Y Y Y Y

through

M M M

D D D

Y Y Y Y Y Y Y

### 5. (a) Date of Public Distribution(s)

M M M

D D D

Y Y Y Y Y Y Y

### (b) Communication Title

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: \_\_\_\_\_

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☐

### 8. 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

### 9. Total Donations This Statement

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### 10. Total Disbursements/Obligations This Statement

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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 statement to the penalties of 2 U.S.C. §437g.