

FEC FORM 13

REPORT OF DONATIONS ACCEPTED

For Inaugural Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

MAILING
ADDRESS

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

3a. Type of Filing (check one)

☐

Report (90D)

☐

Supplement to Report (90S)

3b. (check one)

☐

New

☐

Amendment to Report or
Supplement filed on:

M M /

D D /

Y Y Y Y Y Y

4. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

Cumulative Total (From Committee's Inception)

5. Total Donations Accepted

6. Total Donations Refunded

7. Net Donations (subtract Line 6 from Line 5)

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 and Title of
Officer Designated to Sign this Report

Signature of Designated Officer

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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10/2004