REPORT OF RECEIPTS AND DISBURSEMENTS FOR A COMMITTEE OR ORGANIZATION SUPPORTING A NOMINATING CONVENTION (Summary Page)

1. (a) Name of Committee (in full)			2. FEC Identification Number			
(b) Address (Number and Street)			3. Type of Committee/Organization:			
				Convention Committee		
(c) City, State and ZIP Code				Host Committee Other		
			(specify)			
4. TYPE OF REPORT (CI	heck appropriate box(es)):					
(a) POST CONVE	ENTION REPORT					
QUARTERLY F	REPORT (check one)	April 15	July 15	October	15 January 31	
FINAL REPOF	रा					
(b) Is this an Amendme	ent? YES	□ NO				
	SUMMARY OF	RECEIPTS AND DISBUR	SEMENTS	<u> </u>		
5. Covering Period	FROM: THROU	JGH:				
SECTION A — CASH BALANCE SUMMARY				Column A This Period	Column B Calendar Year-to-Date	
6. (a) Cash on Hand January 1, 20						
(b) Cash on Hand at Beginning of Reporting Period						
(c) Total Receipts (From I	Line 20)					
(d) Subtotal (Add Lines 6	6(b) and 6(c) for Column A and Lines 6(a) and	nd 6(c) for Column B)				
7. Total Disbursements (From	m Line 25)					
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))						
9. Debts and Obligations Owed TO the Committee						
(Itemize all on Schedule C or Schedule D) 10. Debts and Obligations Owed BY the Committee						
(Itemize all on Schedule (
SECTION B — SI	UMMARY OF EXPENDITURES SUBJECT	TO LIMITATIONS				
11. Convention Expenditures	(From Line 21(c))					
12. Refunds, Rebates, Return	ns of Deposits Relating to Convention Expe	enditures (From Line 17(c))				
(a) Expenditures Subject	to Limitation (Subtract Line 12 from Line 1	1)				
(b) Expenditures from Pri	ior Years Subject to Limitation					
(c) Total Expenditures Subject to Limitation (Add Lines 12(a) and 12(b))						
I certify that I have ex	xamined this report, and to the	best of my knowledge	and bel	ief it is true, corr	ect and complete.	

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

For Further Information Contact:

Federal Election Commission Toll Free 800/424-9530 Local 202/694-1100

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

(Page 2 of FEC Form 4)

Name of Committee (in Full)	Report Covering the Period:	
	FROM:	TO:
	Column A	Column B
RECEIPTS	This Period	Calendar Year-to-Date
13. Federal Funds (Itemize all on Schedule A)		
14. Contributions to Defray Convention Expenses:		
(a) Itemized (Use Schedule A)		
(b) Unitemized		
(c) Subtotal of Contributions to Defray Convention Expenses		
(Add Lines 14(a) and 14(b))		
15. Transfers from Affiliated Committees		
16. Loans and Loan Repayments Received (Add Lines 16(a) and 16(b))		
(a) Loans Received		
(b) Loan Repayments Received		
(c) Subtotal of Loans and Loan Repayments Received (Add Lines 14a and 14b)		
17. Refunds, Rebates, Returns of Deposits Relating to Convention Expenditures:		
(a) Itemized (Use Schedule A)		
(b) Unitemized		
(c) Subtotal of Refunds, Rebates, Returns of Deposits Relating to Convention		
Expenditures (Add Lines 17(a) and 17(b))		
18. Other Refunds, Rebates, Returns of Deposits:		
(a) Itemized Other Refunds, Rebates, Returns of Deposits		
(b) Unitemized Other Refunds, Rebates, Returns of Deposits (c) Subtotal of Other Refunds, Rebates, Returns of Deposits		
(Add Lines 18(a) and 18(b))		
(rad Lines ro(a) and ro(b))		
19. Other Income:		
(a) Itemized (Use Schedule A)		
(b) Unitemized		
(c) Subtotal of Other Income (Add Lines 19(a) and 19(b))		
20. TOTAL RECEIPTS (Add Lines 13, 14(c), 15, 16(c), 17(c), 18(c) and 19(c))		
DISBURSEMENTS		
21. Convention Expenditures:		
(a) Itemized (Use Schedule B)		
(b) Unitemized (c) Subtatal of Convention Expanditures (Add Lines 21(s) and 21(b))		
(c) Subtotal of Convention Expenditures (Add Lines 21(a) and 21(b))		
22. Transfers to Affiliated Committees		
23 Loans and Loan Ronaymonte Mode:		
23. Loans and Loan Repayments Made: (a) Loans Made		
(b) Loan Repayments Made		
(c) Subtotal of Loans and Loan Repayments Made (Add Lines 23(a)and 23(b))		
(-) Contain of Edula and Edul Hopaymone made (Mad Embo Edujuna Eduj))		
24. Other Disbursements:		
(a) Itemized (Use Schedule B)		
(b) Unitemized		
(c) Subtotal of Other Disbursements (Add Lines 24(a) and 24(b))		
25. TOTAL DISBURSEMENTS (Add Lines 21(c), 22, 23(c) and 24(c))		I