

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.