

PAGE	OF
FOR LINE 24 OF FORM 3X	

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M	M

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D	D


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Y	Y	Y	Y

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address				Amount \$	
City	State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶	

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 

(a) **SUBTOTAL** of Unitemized Independent Expenditures ▶ 

(a) **TOTAL** Independent Expenditures ▶ 

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____