

**REPORT OF COMMUNICATION COSTS
BY CORPORATIONS AND MEMBERSHIP ORGANIZATIONS**

1. (a) NAME OF ORGANIZATION	2. IDENTIFICATION NUMBER (Assigned by FEC)
(b) ADDRESS (Number and Street)	3. TYPE OF ORGANIZATION (Check Appropriate Box) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> Trade Association</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Labor Organization</div><div><input type="checkbox"/> Cooperative</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Membership Organization</div><div><input type="checkbox"/> Corporation without capital stock</div></div>
(c) CITY, STATE AND ZIP CODE	

4. TYPE OF REPORT (Check One):
(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☐ October 15 Quarterly Report

☐ 12 Day Pre-General Election Report held on _____ in the State of _____.
(date)

☐ January 31 Year End Report

(b) Is this Report an Amendment? ☐ YES ☐ NO

5. THIS REPORT COVERS THE PERIOD _____ THROUGH _____

SUMMARY OF COMMUNICATION COSTS

Type of Communication	Class or Category Communicated With	Date(s) of Communication	Check One		Identify Candidate, Office Sought, District and State, and Whether for Primary or General Election	Cost of Communication (Per Candidate)
			Support	Oppose		
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: _____ (Specify) _____	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					
<input type="checkbox"/> Direct Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Telegram <input type="checkbox"/> Other: _____ (Specify) _____	<input type="checkbox"/> Executive/ Administrative Personnel <input type="checkbox"/> Stockholders <input type="checkbox"/> Members					

(NOTE: For additional communications, attach separate sheets containing the same information as above.)

TOTAL COMMUNICATION COSTS FOR THIS PERIOD \$ _____

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	_____ Signature and Title of Person Designated to Sign This Report	_____ Date
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this report to penalties of 2 U.S.C. §437g.

WHERE TO FILE:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

FOR FURTHER INFORMATION CONTACT:
Federal Election Commission
Toll Free: 800-424-9530
Local: 202-694-1100