

**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.

MAILING ADDRESS **▶**

Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

3a. Type of Filing (check one)

- Report (90D)
- Supplement to Report (90S)

3b. (check one)

- New
- Amendment to Report or Supplement filed on:

/ /

4. Covering Period / / through / /

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 / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only								
-----------------	--	--	--	--	--	--	--	--

SCHEDULE 13-A
ITEMIZED DONATIONS ACCEPTED

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) or Full Organization Name

A.

Date Donation Received

M M / D D / Y Y Y Y

Mailing Address

Amount of This Donation

City

Donor's Aggregate Donations To Date

State

Zip Code

Full Name (Last, First, Middle Initial) or Full Organization Name

B.

Date Donation Received

M M / D D / Y Y Y Y

Mailing Address

Amount of This Donation

City

Donor's Aggregate Donations To Date

State

Zip Code

Full Name (Last, First, Middle Initial) or Full Organization Name

C.

Date Donation Received

M M / D D / Y Y Y Y

Mailing Address

Amount of This Donation

City

Donor's Aggregate Donations To Date

State

Zip Code

SUBTOTAL of Donations This Page (optional)

TOTAL (optional)

**SCHEDULE 13-B
ITEMIZED REFUNDS OF DONATIONS**

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State Zip Code

Date Refund Made

M M / D D / Y Y Y Y Y Y

Amount of This Refund

Amount of This Refund

B. Full Name (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State Zip Code

Date Refund Made

M M / D D / Y Y Y Y Y Y

Amount of This Refund

Amount of This Refund

C. Full Name (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State Zip Code

Date Refund Made

M M / D D / Y Y Y Y Y Y

Amount of This Refund

Amount of This Refund

SUBTOTAL of Refunds This Page (optional)

TOTAL (optional)

Amount of This Refund

Amount of This Refund