

**FEC
FORM 3P**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. **NAME OF COMMITTEE** (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. **FEC IDENTIFICATION NUMBER**

C

3. **TYPE OF REPORT** (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

- 12-Day Pre-Election Report for the Election on / / in the State of
- 30-Day Post-Election Report for the General Election on / /

4. **IS THIS REPORT AND AMENDMENT?**

yes no

5. **COVERING PERIOD**

/ / THROUGH / /

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 of Treasurer _____

Signature of Treasurer _____

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. All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

Write or Type Committee Name

Report Covering the Period: From: [MM] / [DD] / [YYYY] To: [MM] / [DD] / [YYYY]

SUMMARY

- 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD
7. TOTAL RECEIPTS THIS PERIOD
8. SUBTOTAL
9. TOTAL DISBURSEMENTS THIS PERIOD
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE
13. EXPENDITURES SUBJECT TO LIMITATION

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

- 14. NET CONTRIBUTIONS (Other than Loans)
15. NET OPERATING EXPENDITURES

**ALLOCATION OF PRIMARY EXPENDITURES
 BY STATE FOR
 A PRESIDENTIAL CANDIDATE**
 (Used Only by Primary Committees Receiving
 or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print) _____ 2. FEC IDENTIFICATION NUMBER **C** _____

ADDRESS (number and street) _____

_____ - _____

CITY

STATE

ZIP CODE

3. NAME OF CANDIDATE _____

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	_____	_____
Alaska	_____	_____
Arizona	_____	_____
Arkansas	_____	_____
California	_____	_____
Colorado	_____	_____
Connecticut	_____	_____
Delaware	_____	_____
District of Columbia	_____	_____
Florida	_____	_____
Georgia	_____	_____
Hawaii	_____	_____
Idaho	_____	_____
Illinois	_____	_____

STATE

ALLOCATION This Period

TOTAL ALLOCATION To Date

Indiana		
Iowa		
Kansas		
Kentucky		
Louisiana		
Maine		
Maryland		
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

EXPENDITURES SUBJECT TO LIMITATION

NAME OF COMMITTEE (in Full)

Grid lines for entering the committee name.

Report Covering the Period: From: [MM/DD/YYYY] To: [MM/DD/YYYY]

- A. OPERATING EXPENDITURES (Line 23, Column B)..... []
- B. OPERATING OFFSETS (Line 20a, Column B)..... []
- C. **NET OPERATING EXPENDITURES (for the election cycle)** (Subtract Line B from A)..... []
- D. FUNDRAISING DISBURSEMENTS (Line 25, Column B)..... []
- E. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)..... []
- F. **NET FUNDRAISING DISBURSEMENTS (for the election cycle)** (Subtract Line E from D)..... []
- G. 20% EXEMPTION (20% of Overall Expenditure Limit)..... []
- H. **TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT** (Subtract Line G from F)..... []
- I. **TOTAL EXPENDITURES SUBJECT TO LIMITATION** (Add Lines C and H)..... []

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)			Date of Disbursement M M / D D / Y Y Y Y				
Mailing Address							
City	State	Zip Code	FEC Identification Number				
Purpose of Disbursement		Category/ Type	C				
Candidate Name			Amount of Each Disbursement this Period				
Office Sought:	Disbursement For:	Memo Item					
<input type="checkbox"/> House						<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Senate						<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President							
State:	District:						

Full Name (Last, First, Middle Initial)			Date of Disbursement M M / D D / Y Y Y Y				
Mailing Address							
City	State	Zip Code	FEC Identification Number				
Purpose of Disbursement		Category/ Type	C				
Candidate Name			Amount of Each Disbursement this Period				
Office Sought:	Disbursement For:	Memo Item					
<input type="checkbox"/> House						<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Senate						<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President							
State:	District:						

Full Name (Last, First, Middle Initial)			Date of Disbursement M M / D D / Y Y Y Y				
Mailing Address							
City	State	Zip Code	FEC Identification Number				
Purpose of Disbursement		Category/ Type	C				
Candidate Name			Amount of Each Disbursement this Period				
Office Sought:	Disbursement For:	Memo Item					
<input type="checkbox"/> House						<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Senate						<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President							
State:	District:						

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE C-P
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: 19a 19b
(check only one)

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City

State

Zip Code

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate (if none, enter 0)

Secured:

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....



Total This Period (last page this line number only).....



Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary Page.

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

G. Type or Print Name of Committee Treasurer

Signature of Treasurer _____

Date

M	M	/	D	D	/	Y	Y	Y	Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Treasurer

Date

M	M	/	D	D	/	Y	Y	Y	Y

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

2) **TOTALS** This Period (last page this line number only)

3) **TOTAL OUTSTANDING LOANS** from Schedule C-P (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

FEC FORM 3Z-P (File with Form 3P)

Part 1: CONSOLIDATION REPORT

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

Report Covering Period from: / /

to: / /

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE
(Use Separate Page for Each Committee)

LINE DESCRIPTION		LINE DESCRIPTION	
6	Cash on Hand at Beginning of Reporting Period	20(b)	Offsets to Fundraising Expenditures
10	Cash on Hand at Close of Reporting Period	20(c)	Offsets to Legal and Accounting Expenditures
11	Debts and Obligations Owed TO the Committee	20(d)	Total Offsets to Expenditures
12	Debts and Obligations Owed BY the Committee	21	Other Receipts
13	Expenditures Subject to Limitation	22	Total Receipts
14	Net Contributions	23	Operating Expenditures
15	Net Operating Expenditures	24	Transfers to Other Authorized Committees
16	Federal Funds	25	Fundraising Disbursements
17(a)	Contributions from Individuals/Persons (iii) Other Than Political Committees	26	Exempt Legal and Accounting Disbursements
17(b)	Contributions from Political Party Committees	27(a)	Repayments of Loans Made or Guaranteed by Candidate
17(c)	Contributions from Other Political Committees	27(b)	Other Loan Repayments
17(d)	Contributions from the Candidate	27(c)	Total Loan Repayments Made
17(e)	Total Contributions	28(a)	Refunds of Contributions from Individuals/Persons
18	Transfers from Other Authorized Committees	28(b)	Refunds of Contributions from Political Party Committees
19(a)	Loans Received From or Guaranteed by the Candidate	28(c)	Refunds of Contributions from Other Political Committees
19(b)	Other Loans	28(d)	Total Contributions Refunds
19(c)	Total Loans	29	Other Disbursements
20(a)	Offsets to Operating Expenditures	30	Total Disbursements
		31	Items on Hand to be Liquidated

FEC FORM 3Z-P (File with Form 3P)

**Part 2: CONSOLIDATED TOTALS
FOR ALL AUTHORIZED COMMITTEES**

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

Report Covering Period from: / /
to: / /

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION		LINE DESCRIPTION	
6	Cash on Hand at Beginning of Reporting Period	20(b)	Offsets to Fundraising Expenditures
10	Cash on Hand at Close of Reporting Period	20(c)	Offsets to Legal and Accounting Expenditures
11	Debts and Obligations Owed TO the Committee	20(d)	Total Offsets to Expenditures
12	Debts and Obligations Owed BY the Committee	21	Other Receipts
13	Expenditures Subject to Limitation	22	Total Receipts
14	Net Contributions	23	Operating Expenditures
15	Net Operating Expenditures	24	Transfers to Other Authorized Committees
16	Federal Funds	25	Fundraising Disbursements
17(a)	Contributions from Individuals/Persons Other Than Political Committees (iii)	26	Exempt Legal and Accounting Disbursements
17(b)	Contributions from Political Party Committees	27(a)	Repayments of Loans Made or Guaranteed by Candidate
17(c)	Contributions from Other Political Committees	27(b)	Other Loan Repayments
17(d)	Contributions from the Candidate	27(c)	Total Loan Repayments Made
17(e)	Total Contributions	28(a)	Refunds of Contributions from Individuals/Persons
18	Transfers from Other Authorized Committees	28(b)	Refunds of Contributions from Political Party Committees
19(a)	Loans Received From or Guaranteed by the Candidate	28(c)	Refunds of Contributions from Other Political Committees
19(b)	Other Loans	28(d)	Total Contributions Refunds
19(c)	Total Loans	29	Other Disbursements
20(a)	Offsets to Operating Expenditures	30	Total Disbursements
		31	Items on Hand to be Liquidated