

**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. **THIS REPORT IS FOR** Primary

or General

4. **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)

Thirtieth day report following the General Election

on / /

Twelfth day report preceding election

on / / in the State of

Is this Report an 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

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

Page 3

NAME OF COMMITTEE (in Full)

Report Covering the Period: From: M M / D D / Y Y Y Y To: M M / D D / Y Y Y Y

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(ii) unitemized	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(iii) Total contributions	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(b) Political Party Committees	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(c) Other Political Committees	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(d) The Candidate	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(b) Other Loans	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(c) TOTAL LOANS (Add 19(a) and 19(b))	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(b) Fundraising	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(c) Legal and Accounting	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
21. OTHER RECEIPTS (Dividends, Interest, etc.)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

DETAILED SUMMARY PAGE

NAME OF COMMITTEE (in Full)

Report Covering the Period: From:

 /

 /

 To:

 /

 /

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
25. FUNDRAISING DISBURSEMENTS	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
(b) Other Repayments	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
(b) Political Party Committees.....	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
(c) Other Political Committees	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
29. OTHER DISBURSEMENTS	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	<table border="1" style="width:100%; height: 25px;"></table>	<table border="1" style="width:100%; height: 25px;"></table>
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**ALLOCATION OF PRIMARY EXPENDITURES
 BY STATE FOR
 A PRESIDENTIAL CANDIDATE**
 (Used Only by Primary Committees Receiving
 or Expecting To Receive Federal Funds)

Office Use Only

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	<input type="text"/>	<input type="text"/>
Alaska	<input type="text"/>	<input type="text"/>
Arizona	<input type="text"/>	<input type="text"/>
Arkansas	<input type="text"/>	<input type="text"/>
California	<input type="text"/>	<input type="text"/>
Colorado	<input type="text"/>	<input type="text"/>
Connecticut	<input type="text"/>	<input type="text"/>
Delaware	<input type="text"/>	<input type="text"/>
District of Columbia	<input type="text"/>	<input type="text"/>
Florida	<input type="text"/>	<input type="text"/>
Georgia	<input type="text"/>	<input type="text"/>
Hawaii	<input type="text"/>	<input type="text"/>
Idaho	<input type="text"/>	<input type="text"/>
Illinois	<input type="text"/>	<input type="text"/>

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
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 <i>This Period</i>	TOTAL ALLOCATION <i>To Date</i>
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 LIMIT

NAME OF COMMITTEE (in Full)

Grid for entering the name of the committee.

Report Covering the Period:

From:

Month/Day/Year input boxes for the start date.

To:

Month/Day/Year input boxes for the end date.

Table with 2 columns: Description (A-P) and Amount. Includes categories like OPERATING EXPENDITURES, FUNDRAISING DISBURSEMENTS, and TOTAL EXPENDITURES SUBJECT TO LIMITATION.

INSTRUCTIONS

(Calculated from FEC Form 3P, page 2. This worksheet must be retained to support, in part, the amount reported on Line 13.)

FEC Form 3P, Worksheet, is for use by a candidate or the principal authorized committee of a candidate, to track expenditures subject to limitation during the primary campaign (52 U.S.C. § 30116(b)(1)(A)). As soon as possible after the beginning of the calendar year, the Commission will publish the adjusted limits to be used during the election cycle. The 20% fundraising exemption will be based on the published overall expenditure limitation.

Line A - From FEC Form 3P, page 2, enter the calendar year-to-date total for operating expenditures.

Line B - Enter the calendar year-to-date total of offsets to operating expenditures.

Line C - Subtract Line B from Line A.

Line D - If reports were filed in a prior year(s), from the year end report(s), enter the calendar year-to-date total for operating expenditures.

Line E - From the year-end report(s) for the prior year(s), enter the calendar year-to-date total for offsets to operating expenditures.

Line F - Subtract Line E from Line D.

Line G - From FEC Form 3P, page 2, enter the calendar year-to-date total for fundraising disbursements.

Line H - Enter the calendar year-to-date total for offsets to fundraising disbursements.

Line I - Subtract Line H from Line G to obtain the net fundraising disbursements for the current year.

Line J - If reports were filed in a prior year(s), enter the calendar year-to-date total for fundraising disbursements from the year-end report(s).

Line K - If offsets to fundraising disbursements were received in a prior year(s), enter the calendar year-to-date total from the year-end report(s).

Line L - Subtract Line K from Line J.

Line M - Add Line I and Line L.

Line N - Enter 20% of the overall expenditure limit as published by the FEC.

Line O - Subtract Line N from Line M. If the result is less than zero, enter -0-. If greater than zero, enter the amount.

Line P - Add Line C, Line F, and Line O to obtain the total of operating expenditures made by the Committee subject to 52 U.S.C. § 30116(b)(1)(A) limitation. The total reflected on Line P, "Total Expenditures Subject to limitation," is carried forward to FEC Form 3P, Page 1, Line 13.

If the candidate has authorized other political committees, the principal campaign committee must first consolidate the calendar year-to-date receipt and disbursement activity on FEC Form 3P, page 4 (Consolidated Report of Receipts and Disbursements). FEC Form 3P, Worksheet, is completed using the appropriate column totals from the current and previous calendar year (if any) consolidation reports.

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

/ /

Amount of Each Receipt this Period

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

/ /

Amount of Each Receipt this Period

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

/ /

Amount of Each Receipt this Period

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)

A.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

Category/Type:

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

Category/Type:

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y

Amount of Each Disbursement this Period:

Category/Type:

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)

Election:

- Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**LOANS AND LINES OF CREDIT FROM
LENDING INSTITUTIONS**

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER

C

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

CITY

STATE

ZIP CODE

AMOUNT OF LOAN

INTEREST RATE (APR)

%

DATE INCURRED OR ESTABLISHED

/ /

DATE DUE

/ /

A. Has loan been restructured?

No Yes

If yes, date originally incurred:

/ /

B. If line of credit:

Amount of this draw

Total outstanding balance

C. Are other parties secondarily liable for the debt incurred?

No Yes

(Endorsers and guarantors must be reported on Schedule C-P)

D. Are **ANY** of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?

No Yes

If yes, specify:

What is the value of this collateral:

Does the lender have a perfected security interest in it?

No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan?

No Yes

If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:

/ /

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:

/ /

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 Authorized Representative

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

[Currency input field]

Amount Incurred This Period

[Currency input field]

Payment This Period

[Currency input field]

Outstanding Balance at Close of This Period

[Currency input field]

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

[Currency input field]

Amount Incurred This Period

[Currency input field]

Payment This Period

[Currency input field]

Outstanding Balance at Close of This Period

[Currency input field]

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

[Currency input field]

Amount Incurred This Period

[Currency input field]

Payment This Period

[Currency input field]

Outstanding Balance at Close of This Period

[Currency input field]

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

[Currency input field]

[Currency input field]

[Currency input field]

[Currency input field]