Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
e 9: Total Recei	pts over \$50 (or listed above)		
e 10: Total Recei	ipts \$50 and under* (not listed above)		

Committee Name:

Page:

SCHEDULE A: RECEIPTS (continued)						
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)			
Line 9: Total Receipts over \$50 (or listed above)						
Line 10: Total Receipts \$50 and under* (not listed above)						
	RECEIPTS IN THE PERIOD	Enter on page 1, line 2				
* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above						

Page:

Committee Name: