FORM F3P31AL - DESCRIPTION OF ITEMS ON HAND TO BE LIQUIDATED (For FEC FORM 3P, Page 2, Line 31, Column A)			
NAME OF COMMITTEE IN FULL			FEC I.D.
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for (check one)	Date (month, day, year)
	Occupation	☐ Primary ☐ General	
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for	Date (month,
	Occupation	(check one)	day, year)
	Cocapation	General	
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for (check one)	Date (month, day, year)
	Occupation	Primary	
		General	
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for (check one)	Date (month, day, year)
	Occupation	☐ Primary ☐ General	
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for (check one)	Date (month, day, year)
	Occupation	Primary	
		General	
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for (check one)	Date (month, day, year)
	Occupation	Primary	
		General	
Description of Item			Fair Market Value
Full Name, Address, and ZIP Code of Contributor	Name of Employer	Contributed for (check one)	Date (month, day, year)
	Occupation	Primary	
		General	
TOTAL THIS PERIOD (last page only)			