

SCHEDULE 13-B ITEMIZED REFUNDS OF DONATIONS	PAGE	OF
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NAME OF COMMITTEE (In Full)

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

A. _____

Mailing Address

City _____

State	Zip Code
-------	----------

Date Refund Made

Amount of This Refund

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

B. _____

B. _____

Mailing Address

City _____

State	Zip Code
-------	----------

Date Refund Made

Amount of This Refund

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

Mailing Address _____

City _____

State	Zip Code
-------	----------

Date Refund Made

Amount of This Refund

SUBTOTAL of Refunds This Page (optional)

TOTAL (optional)