SCHEDULE 5-A

IT	EMIZED RECEIPTS		PAGE OF
A 01	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF FILER (In Full)		
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A	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		Mam / Dad / Yayayay
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	4 4
	Name of Employer	Occupation	
В	Full Name (Last, First, Middle Initial)		
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			Amount of Each Receipt this Period
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D.	Full Name (Last, First, Middle Initial)		Data of Pagaint
	Mailing Address		Date of Receipt
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	Name of Employer	Occupation	
٦	SUBTOTAL of Receipts This Page (optional)		
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