SCHEDULE 13-A ITEMIZED DONATIONS ACCEPTED

PAGE OF

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NAME OF COMMITTEE (In Full)	
Full Name (Last, First, Middle Initial) or Full Organization Name A.	Date Donation Received
Mailing Address	Amount of This Donation
City	Donor's Aggregate Donations To Date
State Zip Code	
Full Name (Last, First, Middle Initial) or Full Organization Name 3.	Date Donation Received
Mailing Address	Amount of This Donation
State Zip Code	Donor's Aggregate Donations To Date
Full Name (Last, First, Middle Initial) or Full Organization Name	Date Donation Received
Mailing Address	Amount of This Donation
City	Donor's Aggregate Donations To Date
State Zip Code	
SUBTOTAL of Donations This Page (optional)	······ >
TOTAL (optional)	······ >