

SCHEDULE A (FEC Form 4)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee.
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)
TOTAL This Period (last page this line number only)