

SCHEDULE 9-A
Donation(s) Received

PAGE OF

| | |
|---|---|
| <p>A. Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <p>City State Zip</p> <hr/> | <p style="text-align: center;">Date of Receipt</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y</div> </div> <p style="text-align: center;">Amount</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
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| <p>SUBTOTAL of Donations This Page (optional) ►</p> <hr/> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>TOTAL This Period (last page this line number only) ► (carry total from last page to Line 9)</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |