

## SCHEDULE 5-A

### ITEMIZED RECEIPTS

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NAME OF FILER (In Full)

<b>A. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		<div>C</div>	<div></div>	
Name of Employer		Occupation		
<b>B. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		<div>C</div>	<div></div>	
Name of Employer		Occupation		
<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		<div>C</div>	<div></div>	
Name of Employer		Occupation		
<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt	
Mailing Address			<div>MM / DD / YYYY</div>	
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		<div>C</div>	<div></div>	
Name of Employer		Occupation		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			<div></div>	
<b>TOTAL</b> This Period (last page carry total to Line 6) .....			<div></div>	