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Name of Candidate or Committee		
Reporting period	through	

## ITEMIZED RECEIPTS

A. Source:	Corporation 1	PAC Indi	vidual	Loan	Date	Amount of each receipt
	Other (please speci	ify)			 (Mo., Day, Year)	this period
Full name					//	\$
Mailing Addre	ess				//	\$
City, State, Zi	p Code				//	\$
Name of Empl	loyer (Required)				//	\$
Occupation (F	Required)				Aggregate year–to-date	\$
B. Source:	Corporation D		vidual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Other (please speci	my)			 , ,	\$
					//	·
Mailing Addre	ess				//	\$
City, State, Zi	p Code				//	\$
Name of Empl	loyer (Required)				//	\$
Occupation (F	Required)				Aggregate year–to-date	\$
C. Source:	Corporation I Other (please speci		vidual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name					 //	\$
Mailing Addro	ess				//	\$
City, State, Zi	p Code				//	\$
Name of Empl	loyer (Required)				//	\$
Occupation (F	Required)				Aggregate year–to-date	\$
D. Source:	Corporation I Other (please speci		vidual	Loan	 Date (Mo., Day, Year)	Amount of each receipt this period
Full name					/ /	\$
Mailing Addre	ess				//	\$
City, State, Zi	p Code				//	\$
Name of Empl	loyer (Required)					\$
Occupation (F	Required)				Aggregate year_to-date	\$