

I. MONETARY RECEIPTS
Section C1. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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C1. Contributions from Other Committees

Name of Committee					Name of Treasurer									
Address					Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No					Amount of Contribution				
City		State		Zip Code		Date Received		Aggregate Contributions						
Name of Committee					Name of Treasurer									
Address					Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No					Amount of Contribution				
City		State		Zip Code		Date Received		Aggregate Contributions						
Name of Committee					Name of Treasurer									
Address					Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No					Amount of Contribution				
City		State		Zip Code		Date Received		Aggregate Contributions						
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Address					Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No					Amount of Contribution				
City		State		Zip Code		Date Received		Aggregate Contributions						
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SUBTOTAL Section C-This Page