

## II. FUNDRAISING EVENT ACTIVITY

### Section J2. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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#### J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
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Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
Name of Purchaser Last Name <i>(Individuals ONLY)</i>		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State	Zip Code	Date Received	Event #	
Items Purchased						
<b>SUBTOTAL Section J2-This Page</b>						