

II. FUNDRAISING EVENT ACTIVITY

Section L2. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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L2. 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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
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		Aggregate Amount of Purchases
Residential Street Address		City		State	Zip Code		
Date Received		Event #		Items Purchased			
SUBTOTAL Section L2-This Page							