

Section B. ADDITIONAL PAGE \_\_\_\_ of \_\_\_\_

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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**B. Itemized Contributions from Individuals**

Last Name	First	MI	Contribution ID # : : : : : : : : :
Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer
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Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount of Contribution</b>
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Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
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<b>SUBTOTAL Section B — This Page</b>	
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