

Section B. ADDITIONAL PAGE _____ of _____

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>	TYPE OF REPORT

B. Itemized Monetary Receipts

Name			
Street Address	City	State	Zip Code
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? <i>If yes, list Event #</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description <i>(if applicable)</i>		Date Received	

Name			
Street Address	City	State	Zip Code
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
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Description <i>(if applicable)</i>		Date Received	

SUBTOTAL Section B — This Page	
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