

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE B

2. ID#

1. Committee Name _____

3. Report covering period from _____ thru _____

CONTRIBUTIONS		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
IDENTITY OF CONTRIBUTOR AND DATE RECEIVED			
4.	a ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	b ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	c ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	d ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	e ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	f ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	g ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	h ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
	i ID#	NAME, ADDRESS, CITY, STATE AND ZIP	
	DATE RECEIVED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE B [if last page of Schedule B, transfer total to Detailed Summary Page, Line 4(c), Column A]		