ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. Committee Name:				
2. Reporting Period: Start Date:	End Date:			
3. Total itemized campaign contrib	outions from preceding page (enter \$0 if firs	st itemized page)	\$	
	EMS FOR EACH ITEMIZED CONTRIBUTION ibutor during the period must be reported.	I. All contributions	totaling more than	n one
Business or Organization Name: _				OR
First Name:	Middle Name:	Last Name:		
Address:	City:	State:	Zip Code:	
Occupation:	Employer:			
Amount of Contribution: \$	Date of Contributio	n:		
Business or Organization Name: _				OR
First Name:	Middle Name:	Last Name:		
Address:	City:	State:	Zip Code:	
Occupation:	Employer:			
Amount of Contribution: \$	Date of Contributio	n:		
Business or Organization Name: _				OR
First Name:	Middle Name:	Last Name:		
Address:	City:	State:	Zip Code:	
	Employer:			
Amount of Contribution: \$	Date of Contributio	n:		
Business or Organization Name: _				OR
First Name:	Middle Name:	Last Name:		
Address:	City:	State:	Zip Code:	
Occupation:	Employer:			
Amount of Contribution: \$	Date of Contributio	n:		
Business or Organization Name: _				OR
First Name:	Middle Name:	Last Name:		
Address:	City:	State:	Zip Code:	
Occupation:	Employer:			
Amount of Contribution: \$	Date of Contributio	n:		

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)