COMMITTEE SCHEDULE B—ALL OTHER FUNDS

	1	Amended:
Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Ligenia (ue	C 9 DZ	
Type of Report	Reporting Period:	Number (if assigned)
Partial Quarter	7-1-2()	

Date	Type of Other Funds	Description of Other Funds	Amount	Reporting Period Total	Aggregate Total
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