## Committee Schedule A—Monetary Contributions Continued

|  |                        | Amended:             |
|--|------------------------|----------------------|
| Full Legal Name of Candidate (if applicable) | Full Name of Committee |                      |
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| Type of Report / Re                          | eporting Period:       | Number (if assigned) |
| Partial Quarter                              |                        |                      |

| Contributor Information [Name/Address/Occupation/Employer] [Name of Committee, Committee #] | Type of Contributor   | Amount   | Reporting<br>Period Total   | Aggregate<br>Total   |
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|   | [Name of Committee, Committee #]  [Name of Committee, Committee #]  [Name of Committee #] | [Name/Address/Occupation/Employer] Type of Contributor | [Name/Address/Occupation/Employer] [Name of Committee #]  Type of Contributor  Amount    Name/Address/Occupation/Employer]   Name of Committee #]    Name/Address/Occupation/Employer]   Name of Committee #] | Name of Committee # Type of Contributor Amount Period Total  Type of Contributor Amount Period Total |