COMMITTEE SCHEDULE B—ALL OTHER FUNDS

Amended: ☐

Full Legal Name of Candidate (if applicable)	Full Name of Committee	
Eugene A Cue	Cue 4 D 2	
Type of Report Partial Quarter	Reporting Period: 12-1-20	Number (if assigned)

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

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