SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD:	THROUGH:	THROUGH:		
	PAGE:	OF: _		

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]	BUSINESS/CORPORATE DONOR 1. NOT REQUIRED 2. TYPE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS	DATE RECEIVED	CONTRIBUTION THIS PERIOD	AGGREGATE TO DATE
	1. 2. 3.			

TOTAL THIS PERIOD

[ENTER ON LAST PAGE OF SCHEDULE A AND ON

LINE 1 OF SCHEDULE G.]