NAME OF COMMITTEE *(Provide Complete Name as Registered with Filing Repository)*	TYPE OF REPORT

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? ☐ Yes ☐ No *If yes*, list Event # _____	**Amount of Contribution**

City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer

Address	City	State	Zip Code

Date Received	Expenditure # *(if applicable)*	Payment Type ☐ Reimbursement for shared expense ☐ Surplus Distribution	**Amount of Receipt**

Description

Name of Committee	Name of Treasurer

Address	City	State	Zip Code

Date Received	Expenditure # *(if applicable)*	Payment Type ☐ Reimbursement for shared expense ☐ Surplus Distribution	**Amount of Receipt**

Description

SUBTOTAL Section C — This Page	