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

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an ☐ ☐ Yes event listed in Section J1? *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 J1? ☐ 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 J1? ☐ 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 J1? ☐ 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 J1? ☐ 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 J1? ☐ Yes ☐ No *If yes*, list Event # _____		**Amount of Contribution**
City	State	Zip Code	Date Received	Aggregate Contributions	

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