

Section C1. ADDITIONAL PAGE ____ of ____

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with an event listed in Section J1? <input type="checkbox"/> <input type="checkbox"/> Yes		Amount of Contribution	
<i>If yes, list Event # _____</i>						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
<i>If yes, list Event # _____</i>						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
<i>If yes, list Event # _____</i>						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
<i>If yes, list Event # _____</i>						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
<i>If yes, list Event # _____</i>						
City	State	Zip Code	Date Received	Aggregate Contributions		
SUBTOTAL Section C1 — This Page						