

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page _____

Candidate or Committee Name (Do not abbreviate. Use full name.)

Deposit Date

2. CONTRIBUTIONS OVER \$25.00

| Date Received | Contributor's Name, Address, City, State, Zip | Contributions of more than \$100:* Employer's Name, City and State | P R I | G E N | Amount | Aggregate Total* |
|---------------|---|---|-------------|-------------|--------|---------------------|
| | | Occupation | | | \$ | \$ |
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