

**ITEMIZED RECEIPTS
 SCHEDULE 1**

DUPLICATE SCHEDULE AS
 NEEDED

1. Name of Committee:

2. This Statement covers:

From: _____

To: _____

3. Name and Address from whom received. Receipts in excess of \$100 <i>must</i> be itemized. All contributions from PACs, regardless of amount, <i>must</i> be itemized.	4. Type of Contribution or Other Receipt:	5. Date of Receipt	AMOUNT				7. Cumulative for Year (per contributor) (Monetary and In-kind)	8. Occupation and Employer of Contributor. (If self-employed, name under which doing business.) Occupation shall be specific. OR Major Business, Social or Political Interest represented by committee.
			6a. Contribution by check or Written Instrument	6b. Excess Over \$1,000 to be transferred to State Party	6c. Other Receipts	6d. Income Tax Check-off (ITC) Receipts		
	<input type="radio"/> Direct from a person or authorized entity <input type="radio"/> From Fund Raising Event <input type="radio"/> Other: _____ <input type="radio"/> Transfer of funds from affiliated committee <input type="radio"/> If intended for particular candidate - specify: _____							
	<input type="radio"/> Direct from a person or authorized entity <input type="radio"/> From Fund Raising Event <input type="radio"/> Other: _____ <input type="radio"/> Transfer of funds from affiliated committee <input type="radio"/> If intended for particular candidate - specify: _____							
	<input type="radio"/> Direct from a person or authorized entity <input type="radio"/> From Fund Raising Event <input type="radio"/> Other: _____ <input type="radio"/> Transfer of funds from affiliated committee <input type="radio"/> If intended for particular candidate - specify: _____							
	<input type="radio"/> Direct from a person or authorized entity <input type="radio"/> From Fund Raising Event <input type="radio"/> Other: _____ <input type="radio"/> Transfer of funds from affiliated committee <input type="radio"/> If intended for particular candidate - specify: _____							
	<input type="radio"/> Direct from a person or authorized entity <input type="radio"/> From Fund Raising Event <input type="radio"/> Other: _____ <input type="radio"/> Transfer of funds from affiliated committee <input type="radio"/> If intended for particular candidate - specify: _____							

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter these totals on Summary Page -

Line 1a - Line 1f - Line 1b - Line 1g