

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">10</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> Mrs Jennifer L. </div> <hr/> NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;"> O'Kane </div>		OFFICE USE ONLY Date Received <div style="font-size: 1.5em; font-weight: bold;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">OCT 26 2020</div>
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="display: flex; justify-content: space-between;"> P.O. Box 1845 </div> <div style="display: flex; justify-content: space-between;"> San Marcos TX 78667 </div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between;"> (512) 216 3450 </div>		Date Hand-delivered or Date Postmarked
	5 CANDIDATE / OFFICEHOLDER PHONE		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> Mr. Doug A. </div> <hr/> NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;"> Olson </div>		Receipt # Amount \$ Date Processed Date Imaged
	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="display: flex; justify-content: space-between;"> 312 lacey oak loop </div> <div style="display: flex; justify-content: space-between;"> San Marcos TX 78666 </div>		8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <div style="display: flex; justify-content: space-between;"> (361) 771 5662 </div>	
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> January 15 </div> <div style="width: 50%;"> <input type="checkbox"/> 30th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Runoff </div> <div style="width: 50%;"> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) </div> <div style="width: 50%;"> <input type="checkbox"/> July 15 </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> 8th day before election </div> <div style="width: 50%;"> <input type="checkbox"/> Exceeded Modified Reporting Limit </div> <div style="width: 50%;"> <input type="checkbox"/> Final Report (Attach C/OH - FR) </div> </div>			
10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em;">9 / 25 / 2020</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.2em;">10 / 24 / 2020</div> </div> </div>			
11 ELECTION ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 3 / 20</div>		ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>	
12 OFFICE OFFICE HELD (if any) <div style="font-size: 1.2em;">Tax Assessor - Collector</div>		13 OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Tax Assessor - Collector</div>	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Jenifer O'Kane 15 Filer ID (Ethics Commission Filers)

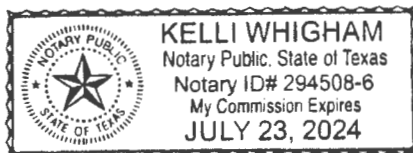
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input checked="" type="checkbox"/> GENERAL	<u>Hays County Republican Party</u>
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	<u>6000 W. FM 150</u>
	<u>Kyle TX 78640</u>
	COMMITTEE CAMPAIGN TREASURER NAME
	<u>Mary Pat Paul</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS
	<u>310 Spring wood Rd</u>
	<u>Dripping Springs TX 78620</u>

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>10,290.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>237.89</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>18,888.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,994.72</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jenifer O'Kane
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jenifer O'Kane, this the 26th day of October, 2020, to certify which, witness my hand and seal of office.

Kelli Whigham
Signature of officer administering oath

Kelli Whigham
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Jenifer O'Kane

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,290.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,870.39
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 17.85
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$.25

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Jenifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

10-7-20

5 Full name of contributor

Sylvia Mozzey

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2704 Philo St San Marcos TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-7-20

Full name of contributor

Susan Wilson

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

101 Spring Rd Fredericksburg TX 78624

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-3-20

Full name of contributor

Jim Steinbacher

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

621 Lodge Creek Dr. New Braunfels TX 78123

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-3-20

Full name of contributor

Tracey Dean

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1750.00

Contributor address;

City;

State;

Zip Code

631 South River Wimberly TX 78676

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Janifer O'Keene

3 Filer ID (Ethics Commission Filers)

4 Date

9-25-20

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Traiv & Victoria Cox

6 Contributor address;

City;

State;

Zip Code

8940 FM 150 Driftwood TX 78619

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-6-20

Full name of contributor

☐ out-of-state PAC (ID# _____)

Gilbert & Glenda Bugg

Contributor address;

City;

State;

Zip Code

3709 Green Trails South Austin TX 78731

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-7-20

Full name of contributor

☐ out-of-state PAC (ID# _____)

Common Cents Fund

Contributor address;

City;

State;

Zip Code

890 Moss Rosen Ln. Driftwood TX 78619

Amount of contribution (\$)

1,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-6-20

Full name of contributor

☐ out-of-state PAC (ID# _____)

Don & Jennifer Shell

Contributor address;

City;

State;

Zip Code

1908 W Meade Ln San Marcos TX 78666

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Jennifer O'Keefe

3 Filer ID (Ethics Commission Filers)

4 Date

10-5-20

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Hays County Republican Party

6 Contributor address;

City;

State;

Zip Code

PO Box 1855

San Marcos TX 78666

7 Amount of contribution (\$)

5000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10-8-20

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mark Kennedy

Contributor address;

City;

State;

Zip Code

415 Ancient ~~oak~~
Oak way

San Marcos TX 78666

Amount of contribution (\$)

40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Jenifer O'Kane		3 Filer ID (Ethics Commission Filers)	
4 Date 9-30-20		5 Payee name Patterson & Company			
6 Amount (\$) \$1,216.69		7 Payee address; 166 Hargraves dr. C-400 Box 423		City; Austin	State; Tx Zip Code 78737
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Yard signs & Mailouts		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-9-20		Payee name Patterson & Company			
Amount (\$) 7,960.61		Payee address; 166 Hargraves dr. C-400 Box 423		City; Austin	State; Tx Zip Code 78737
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Mailouts		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 10-9-20		Payee name Patterson & Company			
Amount (\$) 4,267.76		Payee address; 166 Hargraves dr. C-400 Box 423		City; Austin	State; Tx Zip Code 78737
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Ad Placement		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>Jennifer Okane</u>		3 Filer ID (Ethics Commission Filers)			
4 Date <u>10.23.20</u>	5 Payee name <u>Patterson & Company</u>					
6 Amount (\$) <u>\$5,187.44</u>	7 Payee address; City; State; Zip Code <u>166 Hargraves Dr.</u> <u>C-400, Box 423 Austin, TX 78737</u>					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Mailing</u>			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)	Payee address; City; State; Zip Code					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Jennifer O'Kane		3 Filer ID (Ethics Commission Filers)	
4 Date 9-29-20		5 Payee name 32 Tees			
6 Amount (\$) 17.85 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Richland MI			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other		(b) Description Campaign Clothing		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K:

1

2 FILER NAME

Jennifer O'Kane

3 Filer ID (Ethics Commission Filers)

4 Date

9-30-20

5 Name of person from whom amount is received

RBFCU

8 Amount (\$)

0.25

6 Address of person from whom amount is received; City; State; Zip Code

11KPa - RBFCU pxwy.
line oak TX 78233

7 Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

☐

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED