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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full I (RV & EA)								
Full Name of Contributor					Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, e		
City	State	Zip Code	М	D	Y	Amount		
Full Name of Contributor  () 4 10 Galocation A. 1	FCPE	CPE			mber, if			
Street Address Broad SC	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, e		
Colombos	State	Zip Code	M .		do	Amount 2/3/,60		
Full Name of Contributor			Regist	ration Nu	ımber, il	f PAC		
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, e		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor					Registration Number, if PAC			
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City	State	Zip Code	М	D	Y	Amount		
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Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, e		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Regis	tration N	umber,	if PAC		
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City	State	Zip Code	M	D	Y	Amount		
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Street Address	Employer/Occ	upation/Labor Organization	,			Form (Cash, Check,		
City	State	Zip Code	M	D	Y	Amount		
Full Name of Contributor			Regis	stration N	lumber,	if PAC		