## SCHEDULE OF CONTRIBUTIONS RECEIVED

		(Date of Elec	tion)		
Name of Ca	ındidate/	Party Treasurer:			
Post Office	Address	of Candidate/Party Treasurer:			
Period Cove	ered:				
		From	to		
Date Received	O.R.	Contributors (Full Name and Post Office Address)	Nature/Description of Contribution (such as cash, use of vehicle, facility, equipment, etc.)	Amount/Value	
		CERTIFIED C			
(Date)			(Signature of Ca	(Signature of Candidate/Treasurer)	

Instructions: The foregoing items must be supported by vouchers, receipts and other documents which must be preserved for inspection by the Commission on Elections for three (3) years after the day of the election to which they pertain. Use additional sheets if necessary but the filer must sign every sheet.