



THE REPORT MUST BE TYPED OR PRINTED LEGIBLY IN INK

NAME OF OUT OF STATE COMMITTEE, POLITICAL COMMITTEE, OR FEDERAL COMMITTEE

COLUMN 1 PERSON PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 2 PURPOSE OF THE EXPENDITURE (BRIEF DESCRIPTION)	COLUMN 3 NAME OF PERSON CONTRACTING OR ARRANGING THE EXPENDITURE	COLUMN 4 DATE OF EXPENDITURE	COLUMN 5 AMOUNT PAID
FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				TOTAL THIS PERIOD