

# SCHEDULE D – CAMPAIGN FINANCE LLC / PARTNERSHIP MEMBER DONATIONS



If the requested information is not applicable, **DO NOT** include this page in the report.

The Campaign Finance Report Instruction Guide explains how to complete this form.

<b>A. CANDIDATE NAME</b> (First and Last)	<b>B. PAGE TOTAL</b> \$
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1.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
2.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
3.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
4.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
5.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
6.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
7.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
8.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
9.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			
10.	DATE	FULL NAME	EMPLOYER & OCCUPATION	AMOUNT \$
	MAILING ADDRESS			