



ITEMIZED CONTRIBUTIONS - PAYROLL
SCHEDULE 2A - 2
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

3. NAME OF EMPLOYER & ADDRESS: _____

4. Please enter contributor's name and address:	7. Amount	8. Cumulative for Calendar year for Each Contributor (Through date of receipt)
Name & Address: Contribution # 1 5. Date of Receipt _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 2 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 3 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 4 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 5 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 6 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 7 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Contribution # 8 5. Date of Receipt _____ Name & Address: _____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
_____ 6. If over \$100.00 cumulative, please provide occupation:	_____ _____	\$ _____
Page Subtotal	_____	_____
Grand Total of All Schedules 2A-2 (Complete on last page of Schedule)	_____	_____

**COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2A-2, ITEMIZED
CONTRIBUTIONS-PAYROLL**

ITEM 3: NAME OF EMPLOYER: All of the contributors on each Schedule 2A-2 have the same employer, and therefore the name of the employer is only listed once at the top of the schedule.

ITEM 4: BUSINESS ADDRESS: For all of the contributors that have the same business address, that information can be listed once at the top of the Schedule. If the contributors are not all employed at the same address, use a separate Schedule 2A-2 for each business address.

ITEM 5: CONTRIBUTOR'S NAME AND ADDRESS: Enter last name first, first name and middle initial, street and number, city, state and zip code.

ITEM 6: DATE OF RECEIPT: Enter the date the contribution was deducted from the contributor's payroll.

ITEM 7: OCCUPATION: If the person's contribution is \$100.01 or more in a calendar year, enter the contributor's occupation in this space.

ITEM 8: AMOUNT: Enter the amount of the contribution.

ITEM 9: CUMULATIVE: Enter the cumulative contributions for each contributor for the calendar year.