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## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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1.	NAME C	OF ITEE (in full)	TYPE OR PE	RINT ▼		imple: If typing, t r the lines.	type 1	ŽFĚ4M	EC MA	IL CE	NTER	
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2.	FEC ID	ENTIFICATION NU	JMBER ▼	CI	ГΥ▲		STA	ATE A		ZIP COI	DE 🛦 ;	
	CO	02305			S THIS REPORT	NEW (N)	OR	11 🔀 /	MENDED	NO.	LY TO	o SCH
4.	TYPE (Choose	OF REPORT One)	(b) Month Report	t 🔲	20 (M2)	May	20 (M5)°	Au	g 20 (M8)		Nov 20 (M1 (Non-Election Year Only)	11)
	(a) Que	arterly Reparts:	Due	Ma	r 20 (M3)		20 (M6)		20 (M9)		Dec 20 (M1 (Non-Election Year Only)	·
	X	April 15 Quarterly Report (C	(c)	12-Day	20 (M4)	Primary (12P)	20 (M7)	Genera	20 (M10) 		Jan 31 (YE Runoff (12R	
		July 15 Quarterly Report (C	)2)	PRE-Election Report for the:		Convention (12C	) []	Special		السا	· :	·
		October 15 Quarterly Report (C January 31	)3)	<b></b>		م) (لسحسا	<u></u> \ La	· <del>/ · / ·</del>	٦	in the	: :	7
		Year-End Report (Y July 31 Mid-Year	1	Election	or on			<u> </u>		State of	<u> </u>	<u> </u>
		Report (Non-electio Year Only) (MY)	n i	BO-Day POST-Election Report for the:		General (30G)		Runoff	(30R)		Special (30	S)
		Termination Report (TER)		Election	on on	(M) / (D)	/ (T			in the State of		
5.	Covering	Period 0	7 67	201	(	through	03	3.1	20		•	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Scott Fletcher												
Signature of Treasurer Scot Cloth Date Date Date												
NOT	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.											

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## SCHEDULE B (FEC Form 3X)

IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27		24 25 26 28c 29 30b					
Ar	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) FOWLER White Bogg	s PA Sun								
A.	Full Name (Last, First, Middle Initial)  HOVIDOPOLOS, Mik  Mailing Address Box 10789		Date of Disbursement							
	Purpose of Disbursement  NICE HANDOPOLOS  Candidate Name  Office Sought:  House  Senate  President  State:  Disburser		Category/ Type	Amount of Each Dis	Soursement this Period					
В.	Full Name (Last, First, Middle Initial)			Date of Disburseme						
	Mailing Address									
	City		1							
	Purpose of Disbursement  Candidate Name	Amount of Each Disbursement this Period								
	Office Sought:  House Senate President  State:  District:	ment For: Primary			: 					
C.	Full Name (Last, First, Middle Initial)	Date of Disbursement								
	Mailing Address									
	City									
	Purpose of Disbursement  Candidate Name	Amount of Each Disbursement this Period								
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Other (specify) ▼	Type							
	SUBTOTAL of Disbursements This Page (optional)		······							
1	OTAL This Period (last page this line number only)	)		<u></u>						

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