

# **SCHEDULE 9-A** **Donation(s) Received**

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**A. Full Name of Donor**

Mara Stanley

Mailing Address of Donor

3100 Monticello Ave

Suite 700

City

Dallas

State

TX

Zip

75205-3440

**Date of Receipt**

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	4

Amount

25000.00

Transaction ID: 41023.C48

**B. Full Name of Donor**

Judy Cates

Mailing Address of Donor

24 Bronze Pointe

City

Belleville

State

IL

Zip

62226-

**Date of Receipt**

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	4

Amount

10000.00

Transaction ID: 41023.C49

**C. Full Name of Donor**

Frank Gellomino

Mailing Address of Donor

402 Wayne St

City

Oran

State

NY

Zip

14763-2402

**Date of Receipt**

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	4

Amount

1000.00

Transaction ID: 41023.C50

**D. Full Name of Donor**

Anchie Lamb

Mailing Address of Donor

PO Box 2088

City

Birmingham

State

AL

Zip

35201-2088

**Date of Receipt**

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	4

Amount

60000.00

Transaction ID: 41023.C51

**E. Full Name of Donor**

Denny Cupit

Mailing Address of Donor

PO Box 22929

City

Jackson

State

MS

Zip

39225-2929

**Date of Receipt**

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	0	4

Amount

25000.00

Transaction ID: 41023.C52

SUBTOTAL of Donations This Page (optional)

111000.00

**TOTAL This Period** (last page this line number only)  
(carry total from last page to Line 9)