

FOR LINE NUMBER:
(check only one)

| | | | | | | | | |
|----------|-----|--|-----|--|-----|--|-----|-----------------------------|
| X | 11a | | 11b | | 11c | | 11d | |
| | 12 | | 13a | | 13b | | 14 | <input type="checkbox"/> 15 |

NAME OF COMMITTEE (In Full)
LERAH LEE FOR CONGRESS

Figure 1