

FOR LINE NUMBER: (check only one)


<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e	<input type="checkbox"/> 11f
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

NAME OF COMMITTEE (In Full)
Diane for Colorado CD3

Date of Receipt

09 / 27 / 2018

Amount of Each Receipt this Period



90.91


Memo Item

Date of Receipt

MM / DD / YYYY

09 / 30 / 2018

Amount of Each Receipt this Period




90.91

x Memo Item

Date of Receipt

09 / 27 / 2018

Amount of Each Receipt this Period



2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....▶

2790.91