

ITEMIZED RECEIPTS

Use separate
schedule(s) for
each category of
the detailed
summary page

PAGE 1	OF (total pages) 1
LINE NUMBER 17(a)	

NAME OF COMMITTEE (in full)
Taxpayers for Phillips CD0259390

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NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	OCCUPATION	RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
Stephen J. Coakley 5267 West 3500 South West Valley City, UT 84120	info requested		<input type="checkbox"/> Primary <input type="checkbox"/> General	5-29-97	500.00
James Garvey P.O. Box 9600 Ft. Worth, TX 76147	self-employed	investments	<input type="checkbox"/> Primary <input type="checkbox"/> General	5-22-97	200.00
John Rau 2017 Centella Newport Beach, CA 92660	none	retired	<input type="checkbox"/> Primary <input type="checkbox"/> General	5-22-97	500.00

SUBTOTAL OF RECEIPTS THIS PAGE	
TOTAL THIS PERIOD (last page this line number only)	1,200.00