

## PERMITTED ANONYMOUS CONTRIBUTIONS ACCEPTED AT FUNCTIONS

S-A2 (15/06)

If form is for Nomination Contestant, please tick

A non-partisan Office of the Leg	NAME OF FILING ENTITY			PAGE
				OF
DATE OF FUNCTION (YYYY/MM/DD)	DESCRIPTION OF FUNCTION	NUMBER OF PEOPLE ATTENDING	TOTAL AMO ANONYI CONTRIB	OUNT OF MOUS UTIONS
		TOTAL	A	