

COMMITTEE SCHEDULE I—COSTS PAID BY AFFILIATED ENTITY

Amended:

Full Name of Committee	Reporting Period
Name of Affiliated Entity	

Date	Entity Receiving Expenditure [Name, Address]	Cost Type	Amount	Reporting Period Total	Aggregate Total

Committee Schedule I—Costs Paid by Affiliated Entity Continued

Amended:

Full Name of Committee	Reporting Period
Name of Affiliated Entity	

Date	Entity Receiving Expenditure <small>[Name, Address]</small>	Cost Type	Amount	Reporting Period Total	Aggregate Total