

Name of Candidate or Committee JESSIE CARLSON

Reporting period 03/2017 through 05/2017

ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|--|
| Full name _____ | □ / □ / □ | \$ _____ |
| Mailing Address _____ | □ / □ / □ | \$ _____ |
| City, State, Zip Code _____ | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | □ / □ / □ | \$ _____ |
| Mailing Address _____ | □ / □ / □ | \$ _____ |
| City, State, Zip Code _____ | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | □ / □ / □ | \$ _____ |
| Mailing Address _____ | □ / □ / □ | \$ _____ |
| City, State, Zip Code _____ | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____ | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full name _____ | □ / □ / □ | \$ _____ |
| Mailing Address _____ | □ / □ / □ | \$ _____ |
| City, State, Zip Code _____ | □ / □ / □ | \$ _____ |
| Name of Employer (Required) _____ | □ / □ / □ | \$ _____ |
| Occupation (Required) _____ | Aggregate year-to-date | \$ _____ |