

(note: These were individual donations of less than \$200.00.)

Name of Candidate or Committee Wynd

Reporting period \_\_\_\_\_ through 05/30/17

# ITEMIZED RECEIPTS

Individual Contributions (21 individual contributions for this period)

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 _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>\$175.00</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
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 _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>199.00 x 3 = \$597.00</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
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 _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>100 x 13 = \$1,300.00</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
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 _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>150<sup>00</sup> x 4 = 600.00</u>
Mailing Address _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) _____	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

total \$6,517.00