

## City of Schedule D Returned Contributions & Expenditures

| Full Name of Committ               |  |                               |                                  |                           |  |  |
|------------------------------------|--|-------------------------------|----------------------------------|---------------------------|--|--|
| Returned Co                        | Returned Contributions: Contributions accepted and then returned to donors |                               |                                  |                           |  |  |
| Contributor<br>(Individual/Entity) | Address<br>(include City/State/Zip)  | Date Contribution<br>Accepted | Date<br>Contribution<br>Returned | Amount of<br>Contribution |  |  |
|                                    |  |                               |                                  |                           |  |  |
|                                    |  |                               |                                  |                           |  |  |
|                                    |  |                               |                                  |                           |  |  |
|                                    |  |                               |                                  |                           |  |  |
|                                    |  |                               |                                  |                           |  |  |
|                                    |  |                               | •                                |                           |  |  |

## Returned Expenditures: Expenditures returned or refunded to the committee

| Person/Entity<br>(to whom expenditure<br>was made) | Address<br>(include City/State/Zip) | Date Expenditure<br>Made | Date<br>Expenditure<br>Returned | Amount of<br>Expenditure |
|--|-------------------------------------|--------------------------|---------------------------------|--------------------------|
|  |                                     |                          |                                 |                          |
|  |                                     |                          |                                 |                          |
|  |                                     |                          |                                 |                          |
|  |                                     |                          |                                 |                          |
|  |                                     |                          |                                 |                          |