

SECTION II. GIFTS OR SIMILAR BENEFITS
(Additional Pages)

Date Accepted (MM/DD/YYYY)	Source	Value
		\$
Description of Gift or Similar Benefit		

Date Accepted (MM/DD/YYYY)	Source	Value
		\$
Description of Gift or Similar Benefit		

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		\$
Description of Gift or Similar Benefit		

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		\$
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**** Copy and attach additional pages as needed.**