

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FAMILIES FOR CAMPBELL								
To Whom Paid GODADDY.COM					M	D	Y	Amount
					0	16	2	19
					1	1	5	15.17
Address			Purpose INTERNET					
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code		Check Number			
To Whom Paid					M	D	Y	Amount
Address			Purpose					
City		State	Zip Code		Check Number			