## **Statement of Expenditures**

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Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Schregardus				
To Whom Paid M D Y Amount				
Expenditures from Form 31-F			0 4 1 9 1 7 \$476.60	
Address Purpose				
City	State	Zip Code	Check Number	
	OH			
To Whom Paid Pay Pal			M D Y Amount 0 4 1 5 1 7 \$1.75	
Address 2211 North First Street	Purpose PayPal fee			
City	State	Zip Code	Check Number	
San Jose	CA	95131		
To Whom Paid Pay Pal			0 4 1 9 1 7 Amount \$1.75	
Address 2211 North First Street	Purpose PayPal fee			
City San Jose	CA State	Zip Code 95131	Check Number	
To Whom Paid Pay Pal	<u> </u>		M D Y Amount 0 4 1 9 1 7 \$1.90	
Address	Purpose			
2211 North First Street	PayPal fee State Zip Code Check Number			
San Jose	CA	95131	Check Number	
To Whom Paid Pay Pal			M D Y Amount 0 4 1 9 1 7 \$1.03	
Address 2211 North First Street	Purpose PayPal fee			
City San Jose	CA State	Zip Code 95131	Check Number	
To Whom Paid Pay Pal			M D Y Amount 0 4 1 9 1 7 \$1.90	
Address Purpose PayPal fee PayPal fee				
City	State	Zip Code 95131	Check Number	
San Jose	CA	90101	M I D I V Amount	
To Whom Paid Pay Pal			M D Y Amount 0 4 1 9 1 7 \$0.50	
Address 2211 North First Street	Purpose PayPal fee			
City San Jose	State CA	Zip Code 95131	Check Number	
To Whom Paid Pay Pal	M D Y Amount 0 4 1 9 1 7 \$1.90			
Address 2211 North First Street	Purpose PayPal fee			
City San Jose	State CA	Zip Code 95131	Check Number	