

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-elect Don Schonhardt									
To Whom Paid IN KIND CONTRIBUTIONS - FORM 31-J-2						M	D	Y	Amount
						0	8	3	130.46
Address					Purpose				
City					State		Zip Code		Check Number
									237 & 238
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
To Whom Paid						M	D	Y	Amount