

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full FAMILIES FOR CAMPBELL													
To Whom Paid INTERNAL REVENUE SERVICE							M	D	Y	Amount			
							0	2	0	9	1	4	15.00
Address				Purpose GOVERNMENT FILING									
City				State		Zip Code		Check Number					
								1005					
To Whom Paid GODADDY.COM							M	D	Y	Amount			
							0	6	3	0	1	4	58.68
Address				Purpose INTERNET									
City				State		Zip Code		Check Number					
				A		Z							
To Whom Paid US BANK							M	D	Y	Amount			
							1	0	1	5	1	4	4.00
Address PO BOX 1800				Purpose BANK SERVICE CHARGE									
City SAINT PAUL				State		Zip Code		Check Number					
				M		N				55101			
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					