

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full										
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
Address			Purpose							
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Address			Purpose							
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Page Total \$ _____