ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name:					
2. Reporting Period: Start Date:					
3. Total campaign expenditures from p	oreceding p	age (enter \$0 if first page) \$ _			
COMPLETE THE APPROPRIATE ITEMS F kind contribution to a candidate, please remer candidate's name in the purpose of the expens	mber to includ	le the purpose of the expenditure (e.	nust be itemized g., postage, printi	. If the expenditure ng, etc.) along with	is an in- the
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$					
Business or Organization Name:					OR
First Name:					
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$					
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	_ State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure:			
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	_ State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$					
Total Expenditures: \$(Carry forward to the next page if additional amount must be shown in the summa	itional page	s of this form are used. If this i	s the last page	of expenditures	s, this

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