



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

This form is for use by a candidate who has not received any contributions but has made expenditures of personal funds.

Name of Candidate: _____

Address of Candidate: _____

Candidate for Office Of: _____

Reporting Period: Beginning Date _____ Ending Date _____

| | |
|--|--|
| Date Expended: _____ Amount: \$ _____ | Name (Last, First): _____ Address: _____ City: _____ State: _____ Zip: _____ Purpose of Expenditure: _____ _____ |
| Date Expended: _____ Amount: \$ _____ | Name (Last, First): _____ Address: _____ City: _____ State: _____ Zip: _____ Purpose of Expenditure: _____ _____ |
| Date Expended: _____ Amount: \$ _____ | Name (Last, First): _____ Address: _____ City: _____ State: _____ Zip: _____ Purpose of Expenditure: _____ _____ |

Attach Additional pages as needed.

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: _____ Date: _____