CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT # (Ethics Commission filers)

2 Total pages filed: 13

OFFICE USE ONLY

Date Received: RECEIVED JUL 16 2001 CITY SECRETARY

Date Hand-delivered or Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

TITLE | FIRST: JERI | MI: L

NICKNAME | LAST: KUHLEMAN. | SUFFIX

4 CANDIDATE / OFFICEHOLDER ADDRESS

☐ Change of Address

ADDRESS / PO BOX: [redacted] APT / SUITE #: CITY: STATE: ZIP CODE

HOUSTON TX 77096

5 CAMPAIGN TREASURER NAME

TITLE | FIRST: ADRIAN | MI

NICKNAME | LAST: HERNANDEZ | SUFFIX

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): [redacted] APT / SUITE #: CITY: STATE: ZIP CODE

HOUSTON TX 77056

7 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: (713) 961.0262. | EXTENSION

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)

☑ July 15 ☐ 8th day before election ☐ Exceeded $500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year: 3/16/01. THROUGH Month Day Year: 6/30/01.

10 ELECTION

ELECTION DATE: Month Day Year: 11/6/01

ELECTION TYPE: ☐ Primary ☐ Runoff ☑ General ☐ Special

11 OFFICE

OFFICE HELD (If any)

12 OFFICE SOUGHT (if known): CITY COUNCIL, AT-LARGE POS 4

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME: JERI LARA KUHLEMAN

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	COMMITTEE ADDRESS
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

	1. TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$
	2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3085.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF $50 OR LESS, UNLESS ITEMIZED	$
	4. **TOTAL POLITICAL EXPENDITURES**	$ 30304.89
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 40000.00

19 AFFIDAVIT

Lisa M. Schofield
Notary Public, State of Texas
My Commission Expires
APRIL 28, 2005

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeri Lara Kuhleman
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeri Lara Kuhleman, this the 16th day of July, 20 01, to certify which, witness my hand and seal of office.

Lisa M. Schofield	Lisa M. Schofield	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 2

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____) / 6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
5-29-01	JERI LARA KUHLEMAN [redacted] HOUSTON TX 77096	2000.00	
9 Principal occupation (Optional)	10 Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-15-01	STEVEN RAPOPORT [redacted] HOUSTON TX 77036	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-18-01	SAMIRA SHAWGI [redacted] HOUSTON TX 77042	50.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-19-01	PERRY + ROSE RADOFF [redacted] HOUSTON TX 7707	100.00	
Principal occupation (Optional)	Employer (Optional)		

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____) / Contributor address; City; State; Zip Code	Amount of contribution ($)	In-kind contribution description (if applicable)
6-20-01	MARK PRILE + LESLIE SCATES [redacted] HOUSTON TX 77008	500.00	
Principal occupation (Optional)	Employer (Optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1: 1 of 2

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	7 Amount of contribution ($)	8 In-kind contribution description (if applicable)
6-20-01	DEANNE + PAT BOWERS 6 Contributor address; City; State; Zip Code [redacted] HOUSTON TX 77074	35.00	

9 Principal occupation (Optional) | 10 Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
6-29-01	MARGARETO + JOSEPHINE LARA Contributor address; City; State; Zip Code [redacted] HOUSTON TX 77045	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
6-30-01	GAIL BAKER + JOHN WITTENBERG Contributor address; City; State; Zip Code [redacted] HOUSTON TX 77071	25.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
6-20-01	BETTY J TOWNES Contributor address; City; State; Zip Code [redacted] HOUSTON TX 77036	300.00	

Principal occupation (Optional) | Employer (Optional)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code [redacted]		

Principal occupation (Optional) | Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PLEDGED CONTRIBUTIONS

SCHEDULE B1
(FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1: 1

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:) 7 Pledgor address; City; State; Zip Code	8 Amount of pledge ($)	9 In-kind description (if applicable)
	N/A		

10 Principal occupation (optional)	11 Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

Date	Full name of pledgor ☐ out-of-state PAC (ID#:) Pledgor address; City; State; Zip Code	Amount of pledge ($)	In-kind description (if applicable)

Principal occupation (optional)	Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME: JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ $

5 Date of loan	7 Name of lender	9 Loan Amount ($)
4-13-01	☐ out-of-state PAC (ID#:_____) PARK PLAZA GASTROENTEROLOGY ASSOC.	7000-00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code: HOUSTON TX 77004	10 Interest rate: -0-
		11 Maturity date

12 Description of Collateral ☑ none: THIS SHORT TERM LOAN IS FOR POLITICAL EXPENDITURES

13 GUARANTOR INFORMATION	14 Name of guarantor	16 Amount Guaranteed ($)
☑ not applicable	15 Guarantor address; City; State; Zip Code	

17 Principal Occupation	18 Employer

Date of loan	Name of lender	Loan Amount ($)
6-1-01	☐ out-of-state PAC (ID#:_____) JERI LARA KUHLEMAN	33000-00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code: 6215 QUEENS POCH HOUSTON TX 77096	Interest rate
		Maturity date

Description of Collateral ☑ none: THIS SHORT TERM LOAN IS FOR POLITICAL EXPENDITURES

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☑ not applicable	Guarantor address; City; State; Zip Code	

Principal Occupation	Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1 of 4

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
4-16-01	KALEIDOSCOPE GROUP, INC 5757 WOODWAY #250 HOUSTON TX 77057	5000 00

8 Purpose of payment (See instructions regarding type of information required.): CONSULTING FEES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
4-30-01	SOUTHWESTERN BELL TELEPHONE P O BOX 4649 HOUSTON TX 77097	217 60

Purpose of payment (See instructions regarding type of information required.): TELEPHONE EXPENSE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-2-01	HERB HOCHMAN 5111 BRAESHEATHER HOUSTON TX 77096	250 00

Purpose of payment (See instructions regarding type of information required.): PHOTOGRAPHY

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-2-01	MICHAEL DEMAR 2020 POST OAK HOUSTON TX 77056	100 00.

Purpose of payment (See instructions regarding type of information required.): PHOTOGRAPHIC SERVICES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2 of 4

2 FILER NAME: JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
5-9-01	KWIK-KOPY PRINTING 6401 WOODWAY #175 HOUSTON TX 77057	534-35

8 Purpose of payment (See instructions regarding type of information required.): PRINTING

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-15-01	HERB HOCHMAN 5111 BRAESHEATHER HOUSTON TX 77096	135-31

Purpose of payment (See instructions regarding type of information required.): PHOTOGRAPHS

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-16-01	TONY ANSELMO 2185 MONTICELLO DR HOUSTON TX 77045	18-40

Purpose of payment (See instructions regarding type of information required.): NAME BADGES

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
5-25-01	C.A. THORP STUDIO INC 121 E 16TH #100 HOUSTON TX 77008	378-88

Purpose of payment (See instructions regarding type of information required.): STATIONERY/LOGO DESIGN

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 4

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-1-01	KALEIDOSCOPE GROUP, INC 5757 WOODWAY #250 HOUSTON TX 77057	15000 00

8 Purpose of payment (See instructions regarding type of information required.): CONSULTING FEES

9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-7-01	COPY.COM 1201 F WESTHEIMER HOUSTON TX 77006	247-84

Purpose of payment (See instructions regarding type of information required.): PRINTING

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-7-01	UNITED WAY	160-00

Purpose of payment (See instructions regarding type of information required.): CONTRIBUTION (CANDIDATE: "PROJECT BLUEPRINT")

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-21-01	SOUTHWESTERN BELL TELEPHONE PO BOX 4699 HOUSTON TX 77097	95-33

Purpose of payment (See instructions regarding type of information required.): TELEPHONE

•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name | Office sought | Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 4 of 4.

2 FILER NAME JERI LARA KUHLEMAN.

3 ACCOUNT # (Ethics Commission filers)

4 Date.	5 Payee name / 6 Payee address; City; State; Zip Code	7 Amount ($)
6-22-01	DOWNTOWN HOUSTON ASS'N 1221 McKINNEY #3434 HOUSTON TX 77010	300-00

8 Purpose of payment (See instructions regarding type of information required.)
CONTRIBUTION "HEART OF THE CITY GALA"

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-22-01	CITY OF HOUSTON (PARKS + REC. DEPT) 2999 S. WAYSIDE DR HOUSTON TX 77023	350-00

Purpose of payment (See instructions regarding type of information required.)
KICK OFF ANNOUNCEMENT.

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-29-01	KWIK-KOPY PRINTING 6401 WOODWAY #175 HOUSTON TX 77057	696-74

Purpose of payment (See instructions regarding type of information required.)
PRINTING

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Payee name / Payee address; City; State; Zip Code	Amount ($)
6-29-01	CA THORPE STUDIO INC 121 E 16TH #100 HOUSTON TX 77008	2268-92

Purpose of payment (See instructions regarding type of information required.)
DESIGN + PRINTING SERVICES

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code	7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)	☐ Reimbursement from political contributions intended
	N/A			
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended
Date	Payee name / Payee address; City; State; Zip Code	Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)	☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H: 1

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Business name / 6 Business address; City; State; Zip Code	7 Amount ($)
	N/A	

8 Purpose of payment (See instructions regarding type of information required.)

9 •• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

Date	Business name / Business address; City; State; Zip Code	Amount ($)

Purpose of payment (See instructions regarding type of information required.)

•• Complete if direct expenditure to benefit C/OH ••
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I: 1

2 FILER NAME JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name / 6 Payee address; City; State; Zip Code / 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount ($)
	N/A	

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

Date	Payee name / Payee address; City; State; Zip Code / Purpose of expenditure (See instructions regarding type of information required.)	Amount ($)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED