Cit         Date Expended         Cit         Date Expended	Amount \$	State	Zip me of Recipient Zip me of Recipient	Comment / Purpose Address Comment / Purpose Address
City Date Expended	y Amount \$	Na	me of Recipient	Address
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Expenditures exce	eding \$19.99 sh Amount	<u></u>	mized and listed b	elow. Address
				: \$
				Ending Date
				Zip Code: Elec./Yr.:
Name of Candidate:				
For use by a candidat	te who has not reco	eived any c expendi	contributions (does not itures of personal fund	t have a candidate committee), but has mad ls.
		[1-45-10	08(1) & 1-45-109, C.R.	
(303) 894-2200 ext. 63 (303) 869-4861 (ail: cpfhelp@sos.state.co.tw.sos.state.co.us	us			UDES DV A CANDIDATE
Fax: (303) 869-4861				