

STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE

[1-45-108(1) & 1-45-109, C.R.S.]

For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.					
Name of Candidate: OSA P Max Brail					
Address of Candidate: 9/8 Illinois Sf					
City: 60/dem State: 6 Zip Code: 8040/					
Office:		District No.:			Elec./Yr.:
Reporting Period: Beginning Date 24 / 23 Ending Date 24 25 23					
Total amount of Non-Itemized Expenditures (\$19.99 or less): \$					
Expenditures exceeding \$19.99 shall be itemized and listed below.					
Date Expended	Name of Recipient			Address	
	S				
City		State	Zip		Comment / Purpose
Date Expended	Amount	Name of Recipient		ecipient	Address
\$					
City		State	State Zip Comment / Purpose		Comment / Purpose
Date Expended	Amount	Na	me of R	ecipient	Address
	\$				
City		State	Zip		Comment / Purpose
I certify to the best of my knowledge this Statement of Expenditures is true and correct.					
Candidate Signature: Dieph & Mac Donal Date: 10 2623					