LVCVA LOCAL EXPENSE REPORT

NAME: Rossi Ralenkotter
DIVISION: Executive

	Date	Type	Place	Persons (Name & Title)	Business/Company Name	Reason/Nature of Discussion	Total
A	8/1/2007	Dinner	Flemings	Dr and Mrs Jerry Schwarts and Mrs Ralenkotter	Schwartz and Associates-owner	Finalize the chairmanship for the National Jewish Hospital Corporate fundraiser	515.04
B							
C							
D							
E							
F							
G							
H							
J							
K							
L							
M							

I certify that all expenses are business related.

TOTAL LOCAL EXPENSES	515.04
Less personal expenses	-
TOTAL DUE EMPLOYEE:	515.04

Signature _____ 10/30/2007 Date

Approval #1 _____ Date

Approval #2 _____ Date

Approval #3 _____ Date

Approval #4 _____ Date

President _____ Date

Exceptions Approved:

Comments (also note EXCEPTIONS here):

Rev. 06/07