

Expense Disclosure Summary

<u>Name</u>	Darren Hirsch	Position	Board Chair
Period Covered	July 1, 2017 - Septem		

Please attach supporting documentation i.e.: Expense Disclosure Sheet and applicable receipts

Dates (Travel Dates if applicable)	Destination/Location	Purpose	Airfa	are	ther ortation*	Acco	mmodation	м	eals	Ho	spitality	Incie	dentals	Т	otal
	0	0	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
	0	0	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
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	•	•	\$	-	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-

NO EXPENSES FOR JULY 1 - SEPTEMBER 30, 2017

* Other Transportation includes vehicle rentals, public transportation, taxis, parking, and mileage

This Expense Summary is true and complete to the best of my knowledge for the period indicated above.

Signature //original signed//