| Event Date | 2/19/08 |
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| Page | 1 |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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| Name of Committee in Full | | | | | | |
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| 10 minum and | | | | | | |
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| ty State Zip Code | | Check Number | | | | |
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| City | State | Zip Code | Check Number | | | |
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Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 2.273.46