Event Date	1/33/08 #######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Short North Tavern			М					
o Whom Paid Short North Tavern			М					
Short North Tavern				D	Y	Amount		
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To Whom Paid				1				
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	State	Zip Code	Check	Number				
City	State	Zip Code						

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 \$ 230.00