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## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full	esh hi	Tre	4=	•	·
To Whom Paid  Palace		, _ ,	1-7	M D Y 6	Amount 13, 110 · 82
Name of Committee in Full  Committee for Jos  To Whom Paid  Monaros Palace  Address  4555 Cleveland	Ave. 3	15-1	Event Expen		
City Calinhas	S	ta te	Exert Exper Zip Code 4.3231	Check Number 3 442	
To Whom Paid				M D Y	Amount
Address	Purpose				Teer of the state
City	S	tate	Zip Code	Check Number	
To Whom Paid				M D Y	Amount
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City	:	Sta te	Zip Code	Check Number	
To Whom Paid				M D Y	Amount
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City		State	Zip Code	Check Number	
To Whom Paid				M D Y	Amount
Address	Purpo			1	
City		State	Zip Code	Check Number	

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.