Event Date	4/8/2010
Page	29

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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To Whom Paid				М	D	Y	Amount		
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Address	Purpose				***************************************				
268 E. Gates	restaurant charge - Level								
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Address	Purpose				J	I	в		
City	State Zip Code			Check N	Jumber				
To Whom Paid	A CONTRACTOR OF THE PROPERTY O			M	D	Y	Amount		
				200					
Address	Purpose			<u> </u>	<u> </u>	<u> </u>			
City	St	ate	Zip Code	Check Number					
Only			Zip Code	Check	unioci				
T. M D. 'J	a administracy are a program in				Th	1 37			
To Whom Paid				M	D	Y	Amount		
	T	***************************************							
Address	Purpose								
City	St	ate	Zip Code	Check N	Jumber				

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 \$ ____126.49