Event Date	5/5/10	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

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Food For I	Fundraiser		
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State	Zip Code	Check Number	A CONTRACT OF THE STATE OF THE
OH			Francisco Contractor
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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.

\$40.00 Page Total \$