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Event Date <u>3/17/08</u>	#####
Page <u>1</u>	

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Dingus for Judge								ELLIGOTT FUNDRAISER									
To Whom Paid										M	D	Y	Amount				
Expenses were in form of Like Kind Contributions (\$190.06) <i>pg. 4</i>																	
Address					Purpose												
from Mike Elligott, reported according																	
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				
Address					Purpose												
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				
Address					Purpose												
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				
Address					Purpose												
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				
Address					Purpose												
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				
Address					Purpose												
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				
Address					Purpose												
City					State		Zip Code			Check Number							
To Whom Paid										M	D	Y	Amount				

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 \$ <u>0.00</u>
