Event Date	#######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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Name of Committee in Full								
Citizens for Maria Klemack								
To Whom Paid			М	D	Y	Amount		
Plank's on Broadway			0 6	2 8	1 1		100.00	
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Address	Purpose							
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City	State	State Zip Code		Number				
						- 1 - 1 11		

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 \$100.00	
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