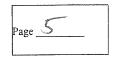
Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee for Joseph W. Testa					
To Whom Paid Pastmaster				070909	Amount 6 6 0 - 00
Address 850 Twin Rives D.	Purpose Pos tese				
City	Sta	te fl	Zip Code 432/5	Check Number 3696	
To Whom Paid M D Y Amount					
Address	Purpose				
City	Sta	te	Zip Code	Check Number	
To Whom Paid				M D Y	Amount
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To Whom Paid				M D Y	Amount
Address	Purpose				
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City	Sı	ate	Zip Code	Check Number	12 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
To Whom Paid "				M D Y	Amount
Address	Purpose				
City	S	tate	Zip Code	Check Number	

Page Total \$ <u>660.00</u>