## Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Board of Elections			
T. 117 G.: 1		· · · · · · · · · · · · · · · · · · ·	M D Y Amount 0 1 15 1 6 \$8.00
Address P. O. Box 1800	Purpose Ba	nk fee	<del>1!11</del>
City St. Paul	State M N	ok fee Zip Code 55101	Check Number Direct W/D
To Whom Paid		I	M D Y Amount
Address Purpose			
City	State	Zip Code	Check Number
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