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Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Committee for Joseph W. leste							
To Whom Paid M D Y Amount							
Name of Committee in Full Committee for Joseph U To Whom Paid Fox fire Golf Clb Address 10799 St. Rate 104 City Lackborne To Whom Paid				011608	200.00		
Address 10799 St. Rote 104 Deposit - 8/8 Eart City State Zip Code Check Number							
10799 St. Kate 104	De	POSI	1-8/8 Lc	7			
City ,	Sta	te	Zip Code	Check Number			
Lackbarrage	0	1-1		3617			
To Whom Paid				M D Y	Amount		
Address	Purpose			<u> </u>			
Address	Fulpose						
			12: 0.)	Check Number			
City	Sta	te	Zip Code	CHECK PRIMITION			
To Whom Paid M D Y Amount							
Address	Purpose						
Cin	Sta	te	Zip Code	Check Number			
City	5,6						
				MIDIM	Amount		
To Whom Paid M D Y Amount							
Address Purpose							
					,		
City	Sta	te	Zip Code	Check Number			
<u>-</u>			=				
Table Paid M D Y Amount							
To Whom Paid Amount							
Address							
City	Sta	te	Zip Code	Check Number	100		
To Whom Paid	<u> </u>	}		M D Y	Amount		
Address	Ригроѕе				I		
Address	1. 2. 5030						
State Zin Code Check Number							
City	St	a te	Zip Code	CHECK INDINDE			
To Whom Paid				M D Y	Aniount		
Address	Purpose						
	1						
City.		alte	Zip Code	Check Number			
City	ا	1	Zip Code				
		1					

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 \$ 200.00