

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Friends of Dr. Tom Cerniak</i>									
To Whom Paid <i>Expenditures From Form 31F</i>						M	D	Y	Amount
						10	13	08	104.25
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
Address				Purpose					
City		State	Zip Code	Check Number					