

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Boyd									
To Whom Paid Manifesto						M	D	Y	Amount \$185.00
Address 21 E State St						Purpose Food & Beverage; 5/17 Event			
City Columbus						State OH		Zip Code 43215	Check Number DC
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State OH		Zip Code	Check Number

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.

\$185.00
Page Total \$