Event Date	5/17/16
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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 Citizens for Boyd				
To Whom Paid			M D Y	Amount
Manifesto			0 5 1 9 1 6	\$185.00
Address !	Purpose			•
21 E State St	Food & Bever	Food & Beverage; 5/17 Event		
City		Zip Code	Check Number	
Columbus	_ OH	43215	DC	
To Whom Paid			MDY	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	l oh i			
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
	OH			
To Whom Paid	·		M D Y	Amount
Address	Purpose	,	12.7.1.3.7	
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	. State	Zip Code	Check Number	
	ОН			
To Whom Paid		M D Y	Amount	
Address	Purpose			•
City	State OH	Zip Code	Check Number	
To Whom Paid	1 3		M D Y	Атоші
Address	Ршрове			
City	Stajte 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 \$	