

Event Date	<u>4/1/2010</u>
Page	_____

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full								
Citizens To Retain Hood								
To Whom Paid					M	D	Y	Amount
Club 185					0	4	0	678.20
Address		Purpose						
185 East Livingston Ave.		fundraiser (1/2 to be reimbursed by Shannon campaign)						
City	State	Zip Code	Check Number					
Columbus	O H	43215	3505					
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					

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 \$	<u>678.20</u>
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