

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR CARRIER				
To Whom Paid	M	D	Y	Amount
US POSTMASTER	0	2	2	448.79
Address				
4000 LEAP RD	Purpose POSTAGE FOR FUNDRAISING POSTCARDS			
City	State	Zip Code	Check Number	
HILLIARD	O H	43026	132	
To Whom Paid	M	D	Y	Amount
KATIE'S PANCAKES	0	3	0	305.00
Address				
4961 VICKSBURG LANE	Purpose FOOD FOR FUNDRAISER			
City	State	Zip Code	Check Number	
COLUMBUS	O H	43026	136	
To Whom Paid	M	D	Y	Amount
CITY OF HILLIARD	0	2	1	135.00
Address				
3800 VETERANS MEMORIAL DR	Purpose FACILITY RENTAL FOR FUNDRAISER			
City	State	Zip Code	Check Number	
HILLIARD	O H	43026	133	
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.