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			М	D	Y	Amount	
US POSTMASTER	.		0 2	2 2	1 3	I	448.79
Address 4000 LEAD DD	Purpose	OR FUNDRA	ICINIC D	ገርጥ/	~ A DT	26	
4000 LEAP RD		OR FUNDRA Code	Check Nu				,E
HILLIARD	О Н	43026		132			
To Whom Paid		10020	М	D	Y	Amount	
KATIE'S PANCAKES			0 3	0 2	1 3		305.00
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City		Code	Check Nu				
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To Whom Paid CITY OF HILLIARD			м 0 2				135.00
Address	Ригроѕе		U Z	1 7	1 3	I	155.00
3800 VETERANS MEMORIAL DR	=	ENTAL FOR	FUNDRA	AISE	R		
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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.