

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CONISON FOR COUNCIL						
To Whom Paid VALU KING				M 0	D 8	Amount \$32.13
Address 6300 E. LIVINGSTON AVE.		Purpose FOOD/DRINKS/PAPER PRODUCTS				
City REYNOLDSBURG	State OH	Zip Code 43068	Check Number DEBIT			
To Whom Paid DEALS				M 0	D 8	Amount \$21.74
Address 3856 E. BROAD STREET		Purpose DECOR/PRIZES				
City COLUMBUS	State OH	Zip Code 43213	Check Number DEBIT			
To Whom Paid TURKEY HILL				M 0	D 8	Amount \$12.87
Address 721 S. HAMILTON RD.		Purpose ICE				
City COLUMBUS	State OH	Zip Code 43213	Check Number DEBIT			
To Whom Paid KIM MAGGARD				M 0	D 9	Amount \$60.00
Address 600 LINK RD.		Purpose CONTRIBUTION-CAMPAIGN FOR MAYOR				
City COLUMBUS	State OH	Zip Code 43213	Check Number CASH			
To Whom Paid DAN MILLER				M 1	D 0	Amount \$40.00
Address 4124 MAYFLOWER BLVD.		Purpose CONTRIBUTION-CAMPAIGN FOR AUDITOR				
City COLUMBUS	State OH	Zip Code 43213	Check Number CASH			
To Whom Paid				M	D	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid				M	D	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.

\$166.74
Page Total \$