

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full									
To Whom Paid <u>Jackie De Luca</u>						M	D	Y	Amount
						<u>01</u>	<u>30</u>	<u>08</u>	<u>1440.00</u>
Address <u>Ardmore Rd.</u>				Purpose <u>Yoga Fund Raiser / Instruction</u>					
City <u>Columbus</u>				State	Zip Code	Category Code *			
				<u>OH</u>	<u>43209</u>				
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Category Code *			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Category Code *			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Category Code *			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Category Code *			
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code	Category Code *			

* Please review the instruction page to determine which category code is correct.
Transfer total expenditures for this event to Form No. 31-E

Page Total \$ 1440.00