Event Date _	1	rw8
Page 10	_	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 8/95

Name of Committee in Full							
To Whom Paid Jackie De Luca Address Ardrnore Rd. City Columbus To Whom Paid Purpose Yoga Fund Raiser Zip Code OH 43209				D 300	Amount 1440. UU		
Ardmore Rd.							
Chumbus	State #	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
10 Wilding and	<u>.</u>		M	D	Amount		
Address	Purpose		· · · · · · · · · · · · · · · · · · ·	<u>i,1.</u>			
City	State	Zip Code	Categor	Category Code *			
To Whom Paid	···		M	D	Amount		
Address	Purpose			.1 1 _	<u>:</u>		
City	State	Zip Code	Categor	Category Code *			
To Whom Paid			M	D Y	Amount		
Address	Purpose			<u> </u>			
City	State	Zip Code	Categor	y Code *			
Whom Paid			M	D Y	Amount		
Address	Purpose	Purpose					
City	State	Zip Code	Category	y Code *			
o Whom Paid			M	D Y	Amount		
Address	Purpose						
lity	State	State Zip Code		y Code *			
o Whom Paid	1		M	D Y	Amount		
Address	Purpose						
City	State	Zip Code	Category	Code *			

Page Total \$ 1440. W





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