

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Keck for Council								
To Whom Paid Old Bag of Nails					M 0	D 3	Y 1	Amount 369.68
Address 4065 Main St		Purpose Campaign Kick-off						
City Hilliard	State O	H H	Zip Code 43026	Check Number 1031				
To Whom Paid Party City					M 0	D 3	Y 1	Amount 43.74
Address 5364 Westpointe Plaza Dr		Purpose Balloons, helium tank						
City Hilliard	State O	H H	Zip Code 43228	Check Number Check Card				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	H	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.