Event Date	3/18/2009
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

					garana and an and an	en e		
Name of Committee in Full								
Keck for Council				3.4	1 r	1 37	America	
To Whom Paid				M	D		Amount	260.69
Old Bag of Nails Address	Purpose			10/3	1 8	[U] 9]		369.68
4065 Main St	1	aion	Kick-off					
4000 Main St City	State	e I	Zip Code	Check N	Jumber			
Hilliard	01	$_{\rm H}$	43026		1031			
To Whom Paid				М	D D	Y	Amount	
Party City					18	0 9		43.74
Address	Purpose			0 3		<u> </u>		
5364 Westpointe Plaza Dr			nelium tank				No. of Contract of	NO. COLUMN STATE OF THE STATE O
City	l	State Zip Code Check Number						
Hilliard Hilliard	0	Н	43228		ieck C			
To Whom Paid				M	D	Y	Amount	
A.1.1	Purpose						J	
Address								
City	State Zip Code			Check N	lumber			
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To Whom Paid	<u> </u>			М	D	Y	Amount	
				44			CONTRACTOR OF THE PROPERTY OF	
Address	Purpose			<u> </u>		· · · · · · · · · · · · · · · · · · ·		
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City	Stat	e _	Zip Code	Check N	Number			
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To Whom Paid				M	D	Y	Amount	
Address	Purpose						<u> </u>	
r 2001 000	rupose							
City	State Zip Code			Check N	Vumber		10000	
To Whom Paid				М	D	Y	Amount	
					***************************************	A COLUMN TO THE		
Address	Purpose							
City	State Zip Code		Zip Code	Check Number				
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To Whom Paid				M	D	Y	Amount	
Address	Purpose					<u></u>		
Address	1 arpose							
City	Stat	țe .	Zip Code	Check 1	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.

Page Total \$ 413.42