

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR HAUGHN									
To Whom Paid SANDY LARGER						M 1	D 0	Y 0	Amount \$50.66
Address 3323 PARK ST				Purpose REIMBURSE FOR DECORATIONS					
City GROVE CITY		State OH	Zip Code 43123	Check Number 511					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City		State OH	Zip Code	Check Number					
To Whom Paid						M	D	Y	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.

\$50.66
Page Total \$