

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Citizens for Bonnie Michael								
To Whom Paid Kroger					M 1	D 0	Y 6	Amount 62.62
Address Worthington Square Mall		Purpose Food for Campaign Support Fund Raiser						
City Worthington Square Mall	State O	H H	Zip Code 43085	Check Number 5138				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State		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.