Event Date	Oct6,11
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	,					
Citizens for Bonnie Michael			1 14	D	1/	Amount
To Whom Paid	٠.		M	D	Y	Amount
Kroger	Te		110	0 6	1 1	62.62
Address	Purpose .			-		
Worthington Square Mall	Food for	Campaign Suppor	t Fund	Kaise	er .	
City	· State	Zip Code	Check N	lumber		
Worthington Square Mall	OH	43085	<u> </u>	5138		July .
To Whom Paid		. 	M 	D	Y	Amount
Address	Purpose		<u> </u>	<u> </u>		
City	State	Zip Code	Check N	umber		
	1					3
To Whom Paid		. `	M	D	Y	Amount
•			1 1	1		1
Address	Purpose					
City	State	Zip Code	Check N	Jumber	,	
To Whom Paid			M	D	Ÿ	Amount
Address	Purpose			!	- !-	•
City	State	Zip Code	Check N	Number		
To Whom Paid	<u> </u>	<u>. </u>	M	D	Y	Amount
Address	Purpose			. '		· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Check N	Number		A BANGER
To Whom Paid	· '		M	D	Y	Amount
Address	Purpose		<u>'</u>		- '	
City	State	Zip Code	Check 1	Number		
To Whom Paid			M	D	Y	Amount
Address	Purpose		<u> </u>	·	· · ·	
City	State	Zip Code	Check	Number	_	Court A

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 \$	62.62