

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens To Retain Hood												
To Whom Paid Club 185						M	D	Y	Amount			
						0	2	2	7	1	5	\$100.00
Address 185 E. Livingston Ave.				Purpose Fundraiser deposit								
City Columbus				State OH		Zip Code 43215		Check Number 1003				
To Whom Paid Club 185						M	D	Y	Amount			
						0	3	1	8	1	5	\$279.65
Address 185 E. Livingston Ave.				Purpose Fundraiser food & drinks								
City Columbus				State OH		Zip Code 43215		Check Number 1010				
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
				OH								
To Whom Paid						M	D	Y	Amount			
Address				Purpose								
City				State		Zip Code		Check Number				
				OH								

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.

\$379.65
Page Total \$