3	1.	-F		
R	C	351	7.	10

Event Date	3/18/15	
<sub>Page</sub> 1		

## 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			0 2	D 2 7	1 5	Amount \$100.00
Address 185 E. Livingston Ave.	Purpose Fundraiser deposit					
City Columbus	State OH	Zip Code 43215	Check Number 1003			in the second
To Whom Paid Club 185	•		м 0 3	D 1 8	Y 1 5	Amount \$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 OH	Zip Code	Check Number			4
To Whom Paid	<u> </u>		М	D	Y	Amount
Address	Purpose		<u>-</u> 4	J—	ı	<del>*</del>
City	State OH	Zip Code	Check Number		, , , , , , , , , , , , , , , , , , ,	
To Whom Paid		·	М	D	Y	Amount
Address	Purpose			1		<b>.</b>
City	State OH	Zip Code	Check Number		1	
To Whom Paid		!	M	D	Y	Amount
Address	Purpose			1		
City	State OH	Zip Code	Check Number			
To Whom Paid	1011		М	D	Y	Amount
Address	Purpose		I			<u> </u>
City	State OH	Zip Code	Check N	Sumber		
	011					

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 \$