Event Date	Mar. 11
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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Name of Committee in Full							
Kambon . EDU				-	1		
To Whom Paid			M	D		Amount	
Walmart			0 3	1 1	09		41.96
Address	Purpose		0.1				
3657 E. Main Street		Brews Celebration		- 1			
City	State	Zip Code	Check Number 99992				
Columbus	OH	43213			2 1 y 1	Amount	
To Whom Paid			M	D	!	Amount	40.00
Zanzibar Brews	Purpose		0 3	1 1	0 9		48.03
Address	1	2					
740 E. Long St.	Beverage:	Zip Code	Check 1	Jumber			
Columbus	OH	43203	1	99999	3		
To Whom Paid	JUN	1 10400	M	D		Amount	70.70
				PA PAGE			
Address	Purpose						······································
	,						
City	State	State Zip Code		Number			
To Whom Paid			М	D	Y	Amount	
Address	Purpose					200000000000000000000000000000000000000	
City	State	Zip Code	Check Number			11.70	
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To Whom Paid			M	D	Y	Amount	
Address	Purpose						
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City	State Zip Code		Check Number				
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To Whom Paid			M	D	Y	Amount	
Address	Purnoce		L				
Address	Purpose						
City	State	Check 1	Check Number				
Cny	State	Zip Code	Check Number				
To Whom Paid	<u> I</u>		M	D	ΙΥ	Amount	
Address	Purpose		1			1	·····
City	State	Check	Number				
		Zip Code					
						ACMINISTRATION OF THE PARTY OF	

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 \$ 89.99
