

14

Event Date	7/24/07
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Cindy Crowe For School Board					
To Whom Paid Charles O. Roush		M 0	D 7	Y 2	Amount 250.00
Address P.O. Box 247602		Purpose Music for fund raiser			
City Columbus	State O	H H	Zip Code 43224	Check Number 1003	
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	
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.

Page Total \$	250.00
---------------	---------------