Event Date	#######
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
COMMITTEE TO ELECT JAMES	S McCDECOD						
To Whom Paid	MICGREGOR		1.77	<del>-</del>	<del> </del>		
Old Bag of Nails			M	D O	Y	Amount	
Address	Purpose	<del></del>	110	וטוי/	0 3	<u> </u>	699.11
62 Mill Street		d Drinks at Fur	ad Daison				
City	State	Zip Code		Number			
Gahanna	OLI	!	Circux	1044	ı		
To Whom Paid	<del> 1 0 1 -</del>	43230	М	1044	Y	Amount	
Nancy McGregor			1 1	1	Ι.	Allowa	11410
Address	Purpose	<del>-</del>	<u></u>	211	03	<u> </u>	114.13
180 Academy Ct.	Reimbu	rsement for 10/	7/03 Fund	d Rajo	ina E		
City	State	Check	Check Number				
Gahanna	Zip Code I 43230		1047				
To Whom Paid	1011		M	Đ	Y	Amount	
			1.1	1			
Address	Purpose	<u> </u>	<del></del>	<u>.l'</u>	<u> </u>	L	<u> </u>
City	State	Zip Code	Check	Number			
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To Whom Paid		<del></del>	M	D	Y	Amount	
<u> </u>			· [ ]	11			
Address	Purpose		<del></del>	<del>'- '</del>		<b></b> -	
City	State	Zip Code	Check Number				
To Whom Paid							
10 w som Paid			М	D	Y	Amount	
Address					l I .		
Addies	Purpose						
City							
c.i,y	State	Zip Code	Check 1	Check Number			
To Whom Paid							
			М	D	Y	Атющі	
Address	<del></del>		<u> </u>				
	Purpose						
City		lati -	Check ?				•
•	State	State Zip Code					
To Whom Paid							
			М	D	Y .	Amount	
Address	Purpose	·		<u> </u>			
	r urpose						
City	Contr	Zin Code					
	State	Zip Code	Check h	lumber		·	
			<u></u>		_		

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.