31-F R.C. 3517.10

## Semiannual Report

Event Date	6/29,	104
Page 1		

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Name of Committee in Full  Mules Jos School Board Committee  To Whom Paid  To Whom Pai					
New Unina City Buffet			01/229	00 00 00 I	
3650 S. High Street	Purpose	Don Fund-Ra	ising G	west	
City	Stalte	Zip-Code	LChock Nümber		
COLUMBUS To Whom Paid	OH	43207	Debit Ca	Χ(). Y Amount	
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Address	Purpose				
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	ОН			2 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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.