



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee Kromer for Council				
To Whom Paid Old Bag of Nails		Date (MM/DD/YYYY) 08/21/2017		Amount \$100.00
Street Address 63 Mill Street		Purpose Reservation Deposit		
City Gahanna	State OH	Zip Code 43230	Check Number Card	
To Whom Paid Old Bag of Nails		Date (MM/DD/YYYY) 09/13/2017		Amount \$80.00
Street Address 63 Mill Street		Purpose Service Tip		
City Gahanna	State OH	Zip Code 43230	Check Number Card	
To Whom Paid Old Bag of Nails		Date (MM/DD/YYYY) 09/14/2017		Amount \$354.76
Street Address 63 Mill Street		Purpose Room Rental/Food/Drinks		
City Gahanna	State OH	Zip Code 43230	Check Number Card	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	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 \$ 534.76