

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Bonnie Michael									
To Whom Paid Kroger						M	D	Y	Amount
						1	1	0	\$71.22
Address 60 Worthington Mall		Purpose Election Night Event							
City Worthington		State OH	Zip Code 43085		Check Number Debit Card				
To Whom Paid Kroger						M	D	Y	Amount
						1	1	0	\$13.55
Address 60 Worthington Mall		Purpose Election Night Event							
City Worthington		State OH	Zip Code 43085		Check Number Debit Card				
To Whom Paid Kroger						M	D	Y	Amount
						1	1	0	\$121.23
Address 60 Worthington Mall		Purpose Election Night Event							
City Worthington		State OH	Zip Code 43085		Check Number				
To Whom Paid Marilyn Baker						M	D	Y	Amount
						1	2	0	\$272.82
Address 5423 Wine Tavern Lane		Purpose Election Night Event: Food/flowers/Bev/Thank You Cards/Name Tags							
City Dublin		State OH	Zip Code 43017		Check Number 5053				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State OH	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
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.

\$478.82
Page Total \$