

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Adam Slane											
To Whom Paid United States Postal Service						M	D	Y	Amount \$61.60		
Address						0	8	0	7	0	9
Purpose Postage											
City Galloway						State OH		Zip Code 43119		Check Number	
To Whom Paid Walmart						M	D	Y	Amount \$6.64		
Address 1221 Georgesville Road						0	7	2	3	0	9
Purpose Mailing Labels											
City Columbus						State OH		Zip Code 43228		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	
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.

\$68.24
Page Total \$