



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

Campaign Finance | (614) 466-3111  
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Form 31-F  
R.C. 3517.10

<b>Full Name of Committee</b> Citizens to Keep Briscoe Fellows Marsh & Shull				
<b>To Whom Paid</b> Philip Heit Center		<b>07/28/2017</b> MM/DD/YYYY		<b>Amount</b> 25
<b>Street Address</b> 150 W MAIN ST		<b>Purpose</b> Room Rental		
<b>City</b> New Albany	<b>State</b> OH	<b>Zip Code</b> 43054	<b>Check Number</b> 5003	
<b>To Whom Paid</b> Two Cateners		<b>07/28/2017</b> MM/DD/YYYY		<b>Amount</b> 1,018 <sup>67</sup>
<b>Street Address</b> 550 S High ST		<b>Purpose</b> Food and Beverages		
<b>City</b> Columbus	<b>State</b> OH	<b>Zip Code</b> 43215	<b>Check Number</b> 5003	
<b>To Whom Paid</b>		<b>MM/DD/YYYY</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>	
<b>To Whom Paid</b>		<b>MM/DD/YYYY</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>	
<b>To Whom Paid</b>		<b>MM/DD/YYYY</b>		<b>Amount</b>
<b>Street Address</b>		<b>Purpose</b>		
<b>City</b>	<b>State</b> OH	<b>Zip Code</b>	<b>Check Number</b>	

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 \$ 1,043<sup>67</sup>