Event Date 3/	10/1
Page	<del></del>

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

Prescribed by Secretary of State 2/01

Name of Committee in Full  16: 11- For Canci	[					
To Whom Paid			02	D <sub>i</sub>	Y	mount Li )
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Address Rd	Purpose	13026				
HOUO Leap Rd	Sta tc	Zip Code	Check Nur	nber		
17:11:17:N	OH	43066	M	D	Y <sub>i</sub> A	mount
To Whom Paid  U. S. Postal Sorvice  Address  4000 Loop Rd			ړ ک	23	<u>[                                    </u>	7.92
Address (11) A C P - O 1	Purpose	r & . 6 .				
	State	Zip Code 43026	Check Nu	mber		
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er vitte Daid			03	05	( )	79.20
Kragers Address 4656 Cometery Rd  City 1121	Purpose	Distre				
4656 Cometery Rd	State	Drinks Zip Code 43026	Check Nu	unber		
City Hilliand	\(\mathcal{O}\)\\	43026			v	Amount
To Whom Paid			S 3	ľ	(")	130
Custom Cleaners	Purpose					
1222 Ongway Ct.	Post-	Fundraisor	Cleani	mbed -		
1222 Orquey Ct.	OH	Fundraiser Zip Code 43228	Check Number			
To Whom Paid			M	D	Y	Amount
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Address	T da prose					
City	State	Zip Code	Check N	umber		
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				I D	Y.	Amount
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Address	Purpose			<del> </del>	<u> </u>	
	0	Zip Code	Check ?	Check Number		
City	Sta te	Zip Code	J. S. S.	Once Charles		

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 SQUA.64