



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

Form 31-I

		,		R.C. 3517.10
Full Name of Committee		nestic	(out I	Jel OC
To Whom Paid The Litchen			Date (MM/DD/YYYY) 02/15/2018	2,501.34
Street Address 231 E. Livingston Ave City	Purpose	tunb-	raiser	
(0/vonbv3	State  OH	73215	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose	<del></del>	<u> </u>	<u> </u>
City	State	Zip Code	Check Number	
To Whom Paid	<u> </u>	<del></del>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid		<u> </u>	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		<u> </u>	
City	State	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose		<del></del>	
City	State	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 \$ 2,501.34