Event Date	4/9/2015
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full	***							
Baker for the Board								
To Whom Paid				М	D	Y	Amount	
Florentine Restaurant			•		0 9			228.21
Address	Purpose			1014	1012	1112	1	220.21
907 W. Broad St.	1	naion	Kickoff Event					
City	Campaign Kickoff Event State Zip Code Check Number							
Columbus	O H 43222			2004				
To Whom Paid	1 9 .		10222	М	D	Y	Amount	
						1		
Address	Purpose			<u> </u>			<u> </u>	
City	Sta	te	Zip Code	Check N	lumber			
•	1							
To Whom Paid	'			M	D	Y	Amount	
						1		
Address	Purpose				<u> </u>	<u>'</u>		
City	Sta	ite	Zip Code	Check N	lumber			
To Whom Paid	1 '			М	D	Y	Amount	
				1 1		1 1		
Address	Purpose	_			<u> </u>	<u> </u>	1	
City	Sta	ite	Zip Code	Check N	lumber			
	1 1							
To Whom Paid			<u> </u>	М	D	Y	Amount	_
Address	Purpose				<u> </u>			
City	Sta	ite	Zip Code	Check N	lumber			
To Whom Paid	<u> </u>			М	D	Y	Amount	
				11				
Address	Purpose							
City	Sta	ite	Zip Code	Check N	lumber			
	1 1							
To Whom Paid	· · · · · ·		' .	M	D	Y	Amount	
				11				
Address	Purpose			, ,	. '		-	
City	Sta	ite	Zip Code	Check N	umber			
	1							

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 S	228.21
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