

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full								
To Whom Paid					M	D	Y	Amount
Tacticaledge					0	3	1005	\$475.04
Address		Purpose						
929 Harrison Ave., Suite 305		Invitations						
City	State	Zip Code	Check Number					
Columbus	OH	43215	1221					
To Whom Paid					M	D	Y	Amount
Columbus Music Hall					0	3	1805	\$100.00
Address		Purpose						
734 oak street		Facility Rental						
City	State	Zip Code	Check Number					
Columbus	OH	43205	1222					
To Whom Paid					M	D	Y	Amount
Columbus Music Hall					0	3	3005	\$90.00
Address		Purpose						
734 oak street		Facility Rental						
City	State	Zip Code	Check Number					
Columbus	OH	43205	1223					
To Whom Paid					M	D	Y	Amount
Tacticaledge					0	3	3005	\$63.29
Address		Purpose						
929 Harrison Ave.		Envelopes						
City	State	Zip Code	Check Number					
Columbus	OH	43215	1224					
To Whom Paid					M	D	Y	Amount
Tacticaledge					0	3	3005	\$528.00
Address		Purpose						
929 Harrison Ave.		catering						
City	State	Zip Code	Check Number					
Columbus	OH	43215	1227					
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
	OH							
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City	State	Zip Code	Check Number					
	OH							

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.

\$1,256.33  
Page Total \$