

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee 4 Children					
To Whom Paid The pArty Studio		M 0	D 7	Y 14	Amount \$210.00
Address 679-B High Street		Purpose Fundraiser Deposit			
City Columbus	State OH	Zip Code 43085	Check Number 2444		
To Whom Paid Shadya Yazback		M 0	D 8	Y 14	Amount \$474.90
Address 5535 Village Crossing		Purpose Fundraiser Expense Reimbursement			
City Hilliard	State OH	Zip Code 43026	Check Number 2457		
To Whom Paid The pArty Studio		M 0	D 8	Y 14	Amount \$1,040.00
Address 679-B High Street		Purpose Fundraiser Food			
City Columbus	State OH	Zip Code 43085	Check Number 2458		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	Zip Code	Check Number		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State OH	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.

\$1,724.90

Page Total \$