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R.	C.	351	7	10

Event Date	8/14/14	
Page 1		

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			M	D	Y	Amount			
The pArty Studio			0 7	1 7		\$210.00			
Address	Purpose	······································	<u></u>	1	1	***************************************			
679-B High Street	Fundraiser Deposit								
City	Sta te	Check Number			一 一				
Columbus	OH	43085	2444			77			
To Whom Paid				D	Y ,	Amount			
Shadya Yazback	0 [8	2 :8	1 4	\$474.90					
Address									
5535 Village Crossing		Fundraiser Expense Reimbursement							
City	Sta te	Zip Code	Check Number						
	Hilliard OH 43026				2457				
To Whom Paid				D	Y.	Amount			
The pArty Studio	In		0 8	<u> 1</u> 1 .8	1 4	\$1,040.00			
679-B High Street	I -	Purpose Fundraiser Food							
City	State								
Columbus	OH "	Zip Code 43085	Check Number 2458			1			
To Whom Paid	1011	43003	M		Y.	Amount			
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Address	dress Purpose			!	<u> </u>	<u> </u>			
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City	State Zip Code Ct		Check N	Check Number					
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To Whom Paid		<u> </u>	М	D	Y	Amount			
			ľ		}	<u>[</u>			
Address	Purpose			<u> </u>					
City	State	State Zip Code			Check Number				
	OH	ОН .							
To Whom Paid			М	D	Y	Amount			
					<u> </u>				
ddress Purpose									
City	Sta te	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.

\$1,724.90 Page Total \$