

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens To Retain Hood												
To Whom Paid Staples						M	D	Y	Amount			
						0	8	2	1	1	5	\$16.09
Address 2321 Taylor Park Drive				Purpose Copies								
City Reynoldsburg				State OH		Zip Code 43068		Check Number				
To Whom Paid Club 185						M	D	Y	Amount			
						0	9	0	9	1	5	\$304.60
Address 185 E. Livingston Ave.				Purpose Food & Beverages								
City Columbus				State OH		Zip Code 43215		Check Number 1032				
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								
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								
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.

\$320.69
Page Total \$ _____