Event Date	######
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full							
COMMITTEE TO ELECT JAME	C M-CDECOD			_			
To Whom Paid	3 MCGREGOR			_	_		_
Victory's			M	D	Y	Amount	
Address	Purpose		[0]6	1 7	013	3 292	00
543 High Street		d Deinler at Total	n ·		. =		
City	State	d Drinks at Fund	Kaiser (n 5/	15/0	3	
Columbus		i i	Check	Number	_		
To Whom Paid	O F	45215	- , -	1035			
			M	Đ	Y	Amount	
Address	Purpose						
City							
	State	Zip Code	Check 1	Number			
To Whom Paid							
	•	·	M	D	Y	Armount	
Address	Purpose			1_1_			
City	State	Zip Code	Check ?	Vumber			_
			J. J	· williamori			
To Whom Paid			М	D	Y	Amount	
			"	1 1	1 1	Alibert	
Address	Purpose	<u> </u>	_ <u>. _ [</u>	<u> </u>	<u>. —</u>		
	ľ						
City	State	Zip Code	Check N	Jumber			
		'	C.icck i	···			
To Whom Paid		<u> </u>	М	D	Y	Amount	
			"		`	Antoun	
Address	Ригрозе		!	<u> </u>	_ !	<u> </u>	
City	State	Zip Code	Check N	Jumber	- -		
		'	Coca i	· minoti			
To Whom Paid			М	D	Ý		
			",	١	'	Amount	
Address	Purpose				<u> </u>	<u> </u>	
	`						
City	State	Zip Code	Check N	Turnsh are			
			Check is	шиже			
To Whom Paid	<u> </u>		М	D	l v	14	
			,,,,	1	Y	Amount	
Address	Purpose	<u> </u>		1 .	<u> </u>	<u> </u>	
]						
City	State	Zip Code	Check N	Tu	_		
	1		Check N	earaper			
		<u></u>					

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	292.00
Page Total S	292.00