

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Priscilla Tyson				
To Whom Paid Confluence Park			Date 12/29/2016	Amount \$750.00
Address 679 West Spring Street		Purpose Deposit for Fundraiser		
City Columbus	State OH	Zip Code 43215	Check Number	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	
To Whom Paid N/A			Date N/A	Amount \$0.00
Address N/A		Purpose N/A		
City N/A	State N/A	Zip Code N/A	Check Number N/A	

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.