Event Date	4/21/15	
Page 1	<del></del>	٠.

## Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

nol Comed	y Show	M D Y	Amount \$10.00
	y Show	10 4 2 11 11 3	\$10.00
1 -	medy Show Admi:	ssion	
Stajte	Zip Code	Check Number	
ОН	43219		
the Gospel C	omedy Show	0 4 2 1 1 5	Amount \$8.00
Purpose			•
	<del>-</del>		
		Check Number	
LOH	43219		
		M D Y	Amount
Ригрозе			l .
	Zip Code	Check Number	
1 - 1 - 1		M D Y	Amount
Purpose		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
State	Zip Code	Check Number	
OH			
•	<u>'</u>	M D Y	Amount
Purpose			<u> </u>
State	Zip Code	Check Number	
OH	_		
		MDY	Amotunt
Purpose			<u></u>
State	Zip Code	Check Number	
OH .			•
To Whom Paid			Amount
Purpose			<u> </u>
Ctrite	17 in Code	Check Number	
OH	Sup Com	Check Politica	
	Purpose Gospel Co Stajte OH  the Gospel Co Purpose Meal durin Stajte OH  Purpose Stajte OH  Purpose Stajte OH  Purpose Stajte OH  Purpose Stajte OH	Gospel Comedy Show Admi Stajte Zip Code OH 43219  the Gospel Comedy Show  Purpose Meal during Gospel Comedy Stajte Zip Code OH 43219  Purpose  Stajte Zip Code OH  Purpose	Purpose   Comedy Show   O

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.

\$18.00
Page Total \$\_\_\_\_\_