



Statement of Expenditures for Social or Fund-Raising Event

Form 31-F

R.C. 3517.10

Full Name of Committee Committee4Children				
To Whom Paid HPL Bowling Center			Date (MM/DD/YYYY) 05/02/19	Amount 1,764
Street Address 2012 Innis Road		Purpose Bowling alley rental and food for fundraiser		
City Columbus	State OH <input type="checkbox"/>	Zip Code 43224	Check Number debit	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address		Purpose		
City	State <input type="checkbox"/>	Zip Code	Check Number	

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 \$ 1,764