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R	c	35	17	ιô

Event Date	7/31/14
Page 1	

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

Prescribed by Secretary of State 2/01

	<del></del>			
<del></del>		M D Y Amount		
		0 6 1 3 1 4 \$111.26	•	
Purpose				
85 Linick Dr postage				
State	Zip Code	Check Number		
ОН	43068	1098		
		M D Y Amount		
		0 6 2 4 1 4 \$267.0	1	
Purpose				
supplies				
State	Zip Code	Check Number		
OH	43068	1099		
		M D Y Amount		
Jefferson CC			93	
Address Purpose 7271 Jefferson Meadows Dr dinner				
	k .			
ОН	43004			
	•	M D Y Amount		
		0 7 2 9 1 4 \$101.89	)	
Purpose				
<u> </u>				
	'-			
ОН	43068			
		M D Y Amount		
Purpose				
		<u> </u>		
State	Zip Code	Check Number		
OH				
		M D Y Amount		
Purpose				
Sta te	Zip Code	Check Number		
OH				
		M D Y Amount	~ <del></del>	
Ригроѕе				
State OH	Zip Code	Check Number		
	Purpose supplies State OH  Purpose dinner State OH  Purpose award place State OH  Purpose  State OH  Purpose  State OH  Purpose State OH	Purpose state Zip Code OH 43068  Purpose supplies  State Zip Code OH 43068  Purpose dinner  State Zip Code OH 43004  Purpose award plaque  State Zip Code OH 43068  Purpose  Purpose Zip Code OH 2068  Purpose Zip Code OH 43068	Purpose   Purp	

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.

\$1,930.09 Page Total \$