Event Date	13,148 09
Page //	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2.01

ime of Committee in Full Harris for School Board						
Whom Paid			M	D	Y	Amount
Tolles Career and Technical Center			0 1	1 4	0 9	\$105.00
ddress	Purpose food					
7877 U.S. Highway 42 South	Sta te	Check Number				
rlain City	OH	43064	1001			
o Whom Paid			М	D	Y	Amount
ddress	Purpose			<u></u>	1	
		Chark Yumber				
City	Sta te	Zip Code	Check :	Check Number		
	OH		M	D	ΙÝ	Amount
o Whom Paid						
Address	Purpose					
	State	Sta te Zip Code		Check Number		
Tity	OH					
Fo Whom Paid			М	D	Y	Amount
Address	Purpose					
	Cture	Zip Code	Check Number			
City	Sta te OH	Zip Code				
To Whom Paid			М	D	Y	Amount
Address	Purpose					
		Ti- Cuda	Check	Number		
City	Sta te OH	Zip Code				
	OH		M	D	Y	Amount
To Whom Paid					<u></u>	
Address	Purpose					
City	Sta te	Zip Code	Check Number			
	OH		M	D	Y	Amount
To Whom Paid						
Address	Purpose					
	Sta te	Zip Code	Check Number			
City	State	12 th Code				

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.

\$105.00 Page Total S