

# Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee 4 Children													
To Whom Paid Dorris Calloway Moore							M	D	Y	Amount			
							0	7	0	8	1	4	\$250.00
Address 883 Schillingwood Dr				Purpose Fundraiser Expense Reimbursement									
City Gahanna				State OH		Zip Code 43230		Check Number 2436					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			
Address				Purpose									
City				State OH		Zip Code		Check Number					
To Whom Paid							M	D	Y	Amount			

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.

\$250.00  
Page Total \$