31-F
R.C. 3517.10

Event Date	5/15/14
Page 1	

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
Address	Ригроѕе		10.7	8, 0	1 4	\$250.00
883 Schillingwood Dr		r Expense Reimburs	ement			
City	State Zip Code Check Number					
Gahanna	OH	43230	2436			
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			M	D	Υ.	Amount
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City	State OH	Zip Code	Check Number			
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Address	Purpose			L		
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lo whom raid			М	D	Y; /	Amount
Address	Purpose					
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City	Sta te	Zip Code	Check No	umber	г	The late of the second
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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 \$