

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Bonnie Michael							
To Whom Paid USPS				M 0	D 8	Y 1	Amount \$9.80
Address 597 High Street		Purpose Stamps for fundraiser invitations					
City Worthington	State OH	Zip Code 43085	Check Number debit card				
To Whom Paid Bonnie Michael				M 0	D 9	Y 1	Amount \$133.47
Address 231 St Antoine St		Purpose Reimbursement for food/drinks for fundraiser (Kroger)					
City Worthington	State OH	Zip Code 43085	Check Number 5156				
To Whom Paid Marilyn Baker				M 0	D 9	Y 1	Amount \$60.97
Address 5423 Wine Tavern Lane		Purpose Reimbursement for food, flowers, and labels related to fundraiser event					
City Dublin	State OH	Zip Code 43017	Check Number 5157				
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				

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.

\$204.24
Page Total \$