

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 The Boat House			M 0 8	D 1 4	Y 1 4	Amount \$600.00
Address 679 Spring Street		Purpose Fundraiser Deposit				
City Columbus	State OH	Zip Code 43215	Check Number 2454			
To Whom Paid The Boat House			M 0 9	D 1 7	Y 1 4	Amount \$1,907.12
Address 679 Spring Street		Purpose Fundraiser Food				
City Columbus	State OH	Zip Code 43215	Check Number 2473			
To Whom Paid Scorecards Unlimited			M 0 9	D 1 7	Y 1 4	Amount \$275.20
Address 6334 Huntly Road		Purpose Fundraiser Brochures				
City Columbus	State OH	Zip Code 43229	Check Number 2474			
To Whom Paid Scorecards Unlimited			M 1 0	D 0 8	Y 1 4	Amount \$109.65
Address 6334 Huntly Road		Purpose Fundraiser Brochures				
City Columbus	State OH	Zip Code 43229	Check Number 2482			
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.

\$2,891.97

Page Total \$