

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Paley for Columbus							
To Whom Paid See In-Kind Contribution page (Tom Selvaggio) Frog Bear & Wild Boar			M 0	D 2	Y 1	Y 9	Amount \$421.88
Address		Purpose Food & Beverages					
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	
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.

\$421.88
Page Total \$