

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Lisa Whiting for School Board								
To Whom Paid Jodi Ransom					M 1	D 1	Y 0	Amount 95.45
Address 5037 Silver Bow Dr.		Purpose Snacks, decorations, plastic ware						
City Hilliard		State O H	Zip Code 43026		Check Number 104			
To Whom Paid					M .	D .	Y .	Amount 0.00
Address		Purpose						
City		State .	Zip Code		Check Number			
To Whom Paid					M .	D .	Y .	Amount
Address		Purpose						
City		State .	Zip Code		Check Number			
To Whom Paid					M .	D .	Y .	Amount
Address		Purpose						
City		State .	Zip Code		Check Number			
To Whom Paid					M .	D .	Y .	Amount
Address		Purpose						
City		State .	Zip Code		Check Number			
To Whom Paid					M .	D .	Y .	Amount
Address		Purpose						
City		State .	Zip Code		Check Number			
To Whom Paid					M .	D .	Y .	Amount
Address		Purpose						
City		State .	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.