

Event Date	#####
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# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Citizens for Beryl Piccolantonio</b>									
To Whom Paid <b>Creekside Local Cantina</b>						M	D	Y	Amount
Address <b>101 Mill St. Suite 100</b>						0	9	1	375.00
City <b>Gahanna</b>						State <b>O   H</b>		Zip Code <b>43230</b>	Check Number <b>credit</b>
Purpose <b>food, gratuity, drinks</b>									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									
To Whom Paid						M	D	Y	Amount
Address									
City						State		Zip Code	Check Number
Purpose									

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.

Page Total \$	<u>375.00</u>
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