



# Statement of Expenditures for Social or Fund-Raising Event

Form 31-F

R.C. 3517.10

**Full Name of Committee**

KarenWilsonForCouncil.org

To Whom Paid Ampersand		Date (MM/DD/YYYY) 10/14/2019		Amount \$100.00
Street Address 5594 N. High St.		Purpose Rental Space and Services		
City Worthington	State OH	Zip Code 43085	Check Number DebitCard	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street 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.

Page Total \$ \$100.00