Event Date 3 16	
Page J	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full 1 6 inter for Council						
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	, M	D	Y A	(mount
(1.5 Postal Sorvice	Ригроѕе		02	L 3	1 1	9212
Address 4000 Leap Rd City	Posta	. C. e				_
City	State	Zircode 43026	Check Nu	mber		
14,11,141	UH_	93024	M	D	Y _i A	kmount
To Whom Paid			0 2	23	1)	7.92
Address	Purpose					
City 4000 Loop Rd	State	4E Zip Code 43026	Check Nu	ımber		gt + = z
To Whom Paid	CH	43026	l M	D	Y	Amount
To Whom Paid			0 3	رح	į i	79.20
Kragers Address 4656 Cometery Rd	Purpose	- \	1			
4656 Cometery Rd	Food,	Dinks Zip Code 43026	Check No	ımber		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
City Hilliamy	#C)	43026		- N		A count
To Whom Paid CUSTOM CLEANERS				i (s	Y. {	Amount
	Purpose					
1222 Onquay Ct.	Post-	Fundraiser (leani	~ \		
City Calumbus	Sta te	Fundraiser C Zip Code 43228	Check IV	amocy		
To Whom Paid		132~0	М	D	Y	Amount
				<u> </u>		L
Address	Purpose					
City	Sta te	Zip Code	Check N	lumber		
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To Whom Paid						
Address	Purpose					
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City				_		2.3
To Whom Paid	<u></u>		M	D	Y	Amount
	Purpose			<u> </u>	1	I
Address						
City	Sta te	Zip Code	Check 1	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 \$249.64