## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| V                                 |                                |              |              |              |   |  |
|-----------------------------------|--------------------------------|--------------|--------------|--------------|---|--|
| Name of Committee in Full         |                                |              |              |              |   |  |
| CITIZENS FOR CARRIER To Whom Paid |                                |              |              |              | 7.  |  |
|                                   |                                |              | M            | D Y          | Amount  | 440.770  |
| US POSTMASTER                     | Purpose                        |              | 0 2          | 2 2 1 3      | <sup>5</sup> [  | 448.79   |
| 4000 LEAP RD                      | -                              | E FOR FUNDRA | ICINIC D     | остс а в     | DC  |  |
| City                              | State                          | Zip Code     | Check N      |              | טא  | e para tira  |
| HILLIARD                          | ОН                             | 43026        | Check IV     | 132          | A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   | Than a said  |
| To Whom Paid                      | <u> </u>                       | 43020        | M            | D Y          | Amount  | THE RESERVE OF THE PARTY OF THE |
| KATIE'S PANCAKES                  |                                |              | 0.3          | 0 2 1 3      | 1   | 305.00   |
| Address                           | Purpose                        |              | 0 0          | 0 2 1 0      | ´1  | 000.00   |
| 4961 VICKSBURG LANE               | FOOD FOR FUNDRAISER            |              |              |              |   |  |
| City                              | State                          | Zip Code     | Check Number |              |   | TATEL  |
| COLUMBUS                          | о н                            | 43026        |              | 136          | - 10 Jan 19 Jan |  |
| To Whom Paid                      | _                              |              | М            | D Y          | Amount  |  |
| CITY OF HILLIARD                  |                                |              | 0 2          | 1 9 1 3      | 3   | 135.00   |
| Address                           | Ригроѕе                        |              |              |              | •   |  |
| 3800 VETERANS MEMORIAL DR         | FACILITY RENTAL FOR FUNDRAISER |              |              |              |   |  |
| City                              | State                          | Zip Code     | Check N      |              |   |  |
| HILLIARD                          | ОН                             | 43026        |              | 133          | And the   | 10.70  |
| To Whom Paid                      |                                |              | M            | D Y          | Amount  |  |
| A 15                              |                                |              |              |              |   |  |
| Address                           | Purpose                        |              |              |              |   |  |
| City                              | S4-4-                          | 7: C-1.      | OL . LAI     | 1            |   | months and a second of the second of the second  |
| leny                              | State                          | Zip Code     | Check N      | umber        |   |  |
| To Whom Paid                      | ***                            |              | М            | D Y          | Amount  |  |
|                                   |                                |              | 141          | D I          | Allioling   |  |
| Address                           | Purpose                        |              |              |              | J   |  |
|                                   | •                              |              |              |              |   |  |
| City                              | State                          | Zip Code     | Check N      | Check Number |   |  |
|                                   |                                | -            |              |              | 3. A  |  |
| To Whom Paid                      |                                |              | M            | D Y          | Amount  | my the April in the same   |
|                                   |                                |              |              |              | j   |  |
| Address                           | Purpose                        |              |              |              | 1   |  |
|                                   |                                |              |              |              |   |  |
| City                              | State                          | Zip Code     | Check No     | umber        | The Table   |  |
|                                   |                                |              |              |              | 4   |  |
| To Whom Paid                      |                                |              | М            | D Y          | Amount  |  |
|                                   | _                              |              |              |              |   |  |
| Address                           | Purpose                        |              |              |              |   |  |
| Cinc                              | 2                              | 7' 0 1       |              |              |   |  |
| City                              | State                          | Zip Code     | Check No     | umber        | 100   |  |
|                                   |                                |              |              |              | Land to the second  | A 200 14 1   |

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.