

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>CITIZENS FOR CARRIER</b>							
To Whom Paid <b>US POSTMASTER</b>						M D Y 0 2 2 2 1 3	Amount 448.79
Address <b>4000 LEAP RD</b>		Purpose <b>POSTAGE FOR FUNDRAISING POSTCARDS</b>					
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Check Number <b>132</b>				
To Whom Paid <b>KATIE'S PANCAKES</b>						M D Y 0 3 0 2 1 3	Amount 305.00
Address <b>4961 VICKSBURG LANE</b>		Purpose <b>FOOD FOR FUNDRAISER</b>					
City <b>COLUMBUS</b>	State <b>O H</b>	Zip Code <b>43026</b>	Check Number <b>136</b>				
To Whom Paid <b>CITY OF HILLIARD</b>						M D Y 0 2 1 9 1 3	Amount 135.00
Address <b>3800 VETERANS MEMORIAL DR</b>		Purpose <b>FACILITY RENTAL FOR FUNDRAISER</b>					
City <b>HILLIARD</b>	State <b>O H</b>	Zip Code <b>43026</b>	Check Number <b>133</b>				
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.