31-F							
R.C	3517	10					

Event Date	7/14/14	
Page 1		

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee 4 Children						
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		М (Đ	Y	Amount
Bruce Cadwallader			0 7	1 7	1 4	\$107.18
Address	Purpose	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u> </u>	<u> </u>
6549 Warriner Way	Fundraise	r Expense Reimburs	sement			
City	Sta te	Zip Code	Check Number			
Canal Winchester	ОН	43110	2442			
			М	D	Y	Amount
Doris Calloway Moore			0 7	1 7	1 4	\$335.60
883 Schillingwood Drive	Purpose	r Expense Remburs	omani			
City	State	Zip Code				
Gahanna	OH	43230	Check Number			
To Whom Paid	1011	70200	2443 M	D	Y	Amount
The Medallion Club			0 8		1 4	\$4,938.59
Address	Purpose		10 0			\$ 4 ,500.05
5000 Club Drive	Fundraiser Rental/ Food					
City	State	Zip Code	Check Nu	Check Number		
Westerville	ОН	43082	2452			
To Whom Paid			М	D	Y	Amount
Creative Design Solutions			0 :8	1 ;1	1 4	\$315.60
Address	Purpose					<u> </u>
119 Loane Elk Ct	Fundraise	Fundraiser Event Signs				
City	Sta te	Zip Code	Check Number			
Pickerington		43147				
To Whom Paid			M	D	Yi	Amount
Address	Address Purpose				Li	l
City	Sta te	Zip Code	Check Nur	Check Number		
	ОН					
To Whom Paid	<u> </u>		M .	D	Y	Amount
Address	Purpose				L	<u> </u>
	1					
City	State	Zip Code	Code Check Number			
	ОН					
To Whom Paid			М	D	Y	Amount
				<u> </u>		
Address	Purpose					
City	Sta te	Zip Code	Check Nur	Check Number		72 24 G
	OH					

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.

\$5,696.97 Page Total \$