

07/20/2000 Page 1

## Statement of Expenditures for Social or Fund-Raising Event

Form 31-F R.C. 3517.10

Campaign Finance | (614) 466-3111 www.OhioSecretaryofState.gov cfinance@OhioSecretaryofState.gov

To Whom Paid  City  City	Full Name of Committee			\		
To Whom Paid  To	CITIZENS TO KEEP BRISK AND DURIK					
Street Address  City  City  City  Check Number  State  City				07/28/2017 MM/DD/YYYY	Amgunt 25	
Street Address  Furpose  Food And Severages  State Zip Code Check Number  OH 2315 5003  Amount  MM/DD/YYYY  Amount  To Whom Paid  Street Address  Purpose  City  State Zip Code Check Number  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  To Whom Paid  Street Address  Purpose  City  State Zip Code Check Number  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  MM/DD/YYYY  Amount  To Whom Paid  Street Address  Purpose	150 W. Main St	Purpose	oom Rei	JTA /		
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To Whom Paid  Street Address  Purpose  City  State  Zip Code  Check Number	Street Address	Purpose				
Street Address Purpose  City State Zip Code Check Number	City		Zip Code	Check Number		
City State Zip Code Check Number	To Whom Paid	I.		MM/DD/YYYY	Amount	
	Street Address	Purpose				
	City		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 \$ 521 83
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