31	-F		
R C	35	17	10

Event Date		26
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

	•						
Name of Committee in Full							
Citizens for Priscilla Tyson							
To Whom Paid			М	D	Y	Amount	
The Boathouse at Confluence Park			0 8	1 4	1 5		800.00
Address	Purpose						
679 West Spring Street	Event De	posit					
City	State Zip Code			Check Number			
Columbus	OH	43215		debi	t		
To Whom Paid			М	Đ	Y	Amount	
Sabrina Tutstone			0 8	2 7	1 5		250.00
Address	Ригроѕе					10.0	
1620 East Broad Street	Live Ente	ertainment					
City	State Zip Code			Check Number			
Columbus	OH	43205		530			
To Whom Paid			М	D	Y	Amount	
The Boathouse at Confluence Park			0 8	2 7	1 5		1,264.00
Address	Purpose						
679 West Spring Street	Catering & Service Charge						
City	State	Zip Code	Check I	Check Number			
Columbus	OH	43215		529			
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
			- · · · ·				
City	State	Zip Code	Check I	Number			
To Whom Paid			M	D	Y	Amount	
Address	Ригроѕе						
1,18.41						_	
City	State Zip Code		Check I	Check Number			
To Whom Paid			M	Đ	Y	Amount	
					<u> </u>	<u></u>	.
Address	Purpose						
City	State	Zip Code	Check 1	Number			
To Whom Paid			M	D	Y	Amount	
						<u> </u>	
Address	Ригроse						
					_	_	
City	State	Zip Code	Check	Number			
1		1	ĺ			•	

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.