31-	В	
R.C.	351	7.10

## **Statement of Expenditures**

N	1	
Page		

Prescribed by Secretary of State 2/01

Name of Committee in Full The Central Ohio Restaurant Association	n Political A	ction Committee				
To Whom Paid Mills for Council			M 1 ¦2	1 2	1 4	Amount \$250.00
Address 545 E. Town Street	Purpose Campaign Contribution					
City Columbus	State OH	Zip Code 43215	Check Number			
To Whom Paid			M	D   	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose				•	
City	State OH	Zip Code	Check Number			
To Whom Paid		·	M <sub>.</sub>	D	Y	Amount
Address	Purpose		<u></u> -	l		
City	State OH	Zip Code	Check Number			
To Whom Paid	·		M	D	Y	Amount
Address	Purpose		. <b>-</b>	1 —- <del></del>		
City	OH State	Zip Code	Check Number			
To Whom Paid	·	·	M	D	Y	Amount
Address	Purpose		·•	•	•	
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose			•		
City	State OH	Zip Code	Check Number			
To Whom Paid	: <u>-</u> :	·	M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			