

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens with McCarty											
To Whom Paid Giant Eagle				Exhibit X-4 & X-4A				M	D	Y	Amount
								0	8	0	\$256.46
Address 4780 West Broad Street				Purpose Food for fund raiser							
City Columbus				State OH		Zip Code 43228		Check Number 1033			
To Whom Paid Giant Eagle				Exhibit X-5 & X-5A				M	D	Y	Amount
								0	8	0	\$180.47
Address 4780 West Broad Street				Purpose Food for fund raiser							
City Columbus				State OH		Zip Code 43228		Check Number 1034			
To Whom Paid Fazoli's				Exhibit X-7 & X-7A				M	D	Y	Amount
								0	8	1	\$399.00
Address 2096 Stringtown Road				Purpose Food for fund raiser							
City Grove City				State OH		Zip Code 43123		Check Number 1036			
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	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			

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.

\$835.93

Page Total \$